MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

775 164 Be 01349

Reg. Dist. No. 44

1. PLACE OF DEATH:

County: Balto.

City or town: Essex (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: Waters J Back River.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County:

City or town: Baltimore City (If outside city or town limits, write RURAL and give nearest town)

Street No.: 4418 Wrenwood Avenue (If rural, give LOCATION)

2.(a) If veteran, name war: ✓

3. (a) FULL NAME: THOMAS GARRISON BARNES

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Agnes Pilkerton Barnes

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): 1901

8. AGE: Years	Months	Days	If less than one day
48			..... hrs. ..... min.

9. Birthplace: Baltimore (Town, county, and state)

10. Usual occupation: Real Estate

11. Industry or business:

FATHER: 12. Name: Thomas G. Barnes

13. Birthplace:

MOTHER: 14. Maiden name: Lillian V.

15. Birthplace:

16. Informant: Mrs. Agnes P. Barnes

Address: 4418 Wrenwood Avenue

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 2/17/49 (month) (day) (year)

Cemetery or crematory: Loudon Park Cem

Location: Balto.

18. Funeral director: Heidefeld & Son

Address: Greenmount & 22nd

19. 2/16 1949 (Date rec'd by registrar) S.W. Hedrick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feby 13 1949 at 9 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....

and that I last saw h..... alive on ..... 19.....

Immediate cause of death: Drowning. (Suicide)

Due to: Jumped off Back River Bridge at Essex 2/10/49.

Due to:

Other conditions: about 11 P.M.

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations: ..... Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

~~Accident,~~ suicide, or ~~homicide~~ Suicide Date 2/10/49

Where did injury occur? Essex (City or town) Balto. (County) Md. (State)

Injured at home, farm, industry, public place (where?) Public Place

Means of injury: Drowning. Injured at work? No

23. SIGNATURE: W. M. Carmine M.D. M.D. or other

Address: Balto Co. Dundalk 22 Md Date signed: 2/17/49

VS-A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

420.1 01350

CERTIFICATE OF DEATH

940 Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundolk; LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundolk
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2944 Cornwall Road	STREET ADDRESS (If rural, give location) 2944 Cornwall Road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
John	Morrison	Barr	Feb. 28, 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months. Days	If under 24 hrs.: Hours Min.
Male	White	Married	March 21, 1872	76 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Ship Captain Sea Going		Scotland	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Barr	Elizabeth Morrison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
	106-18-8545	Mrs. Cora P. Barr, 2944 Cornwall Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary thrombosis	1 day
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED White at Work ☐ Not White At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Feb 1, 1946, to Feb. 28, 1949, that I last saw the deceased alive on Feb. 27, 1949, and that death occurred at 11 30 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
David H. Andrew	M. D.	2 Kinshipld Dundalk 22 Md	3/1/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Xxxx Cremation	3/2/49	Greenmount	Baltimore, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3-2-49	A. W. Hedrick	William Cook, Inc.,	1217 St. Paul St.

VS. A15

01351

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

420.1
93d

CERTIFICATE OF DEATH

Reg. Dist. No. 34

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND — Beckleysville
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beckleysville — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS ✓

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beckleysville
STREET ADDRESS ✓ (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) DORA (Middle) ELIZABETH (Last) BAUBLITZ

4. DATE OF DEATH (Month) Feb (Day) 8 (Year) 1949

5. SEX F — 6. COLOR OR RACE W — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married — 8. DATE OF BIRTH 3-26-1878 — 9. AGE last birthday 70 yrs. — If under 1 year Months. Days — If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework — 10b. KIND OF BUSINESS OR INDUSTRY Own home — 11. BIRTHPLACE (State or foreign country) Maryland — 12. CITIZEN OF WHAT COUNTRY? WS

13. FATHER'S NAME Joseph Stroh — 14. MOTHER'S MAIDEN NAME Catherine Knapp

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) No — 16. SOCIAL SECURITY No. ✓ — 17. INFORMANT Howard Baublitz.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion — Suddenly

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary heart disease — ?

(c) Chronic Myocarditis — ?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arterio sclerosis Generalized — ?

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 15, 1948, to Feb. 8, 1949, that I last saw the deceased alive on Dec. 28, 1948, and that death occurred at 7 A. m., from the causes and on the date stated above.

SIGNATURE Joseph E Bush (Degree or title) MD ADDRESS Hampstead Md DATE SIGNED 2-8-49.

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE 2-11-49 — NAME OF CEMETERY OR CREMATORY Salem W.B. — LOCATION (City, town, or county) Balto Co (State) Md

DATE REC'D BY LOCAL REG. 2-8-49 — REGISTRAR'S SIGNATURE Mary B. E. Line — 24. FUNERAL DIRECTOR Edw. C. Tipton — ADDRESS Hampstead

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 14 1949
BUREAU V. S.

2

01352

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

331

CERTIFICATE OF DEATH

83a Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
HOSPITAL OR INSTITUTION OR STREET ADDRESS 607 Eastern Ave.	STREET ADDRESS (If rural, give location) 607 Eastern Ave.

3. NAME OF DECEASED (Type or Print)	(First) MARY	(Middle)	(Last) BENHOFF	4. DATE OF DEATH	(Month) FEB. (Day) 16 (Year) 1949
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow	8. DATE OF BIRTH 6-27-1860	9. AGE last birthday 88 yrs.	If under 1 year Months. Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (State or foreign country) Balto., Md.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Michael Gaff			14. MOTHER'S MAIDEN NAME Mary Welsh		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) —		16. SOCIAL SECURITY NO. none	17. INFORMANT Mrs. Fred. Matthew		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pneumonia, bronchs	3 days
Antecedent cause(s)	(b) Central, hemorrhage	3 wks.
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1947, to Feb 16, 1949 that I last saw the deceased alive on Feb 16 1949, and that death occurred at 7:30 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Thomas Betwigley	MD	805 Eastern Ave Balto.,	2/18/49.

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 2-19-49	NAME OF CEMETERY OR CREMATORY Oak Lawn Cem.	LOCATION (City, town, or county) Balto.	(State) Md
DATE REC'D BY LOCAL REG. 2-18-49	REGISTRAR'S SIGNATURE John G. Connelly	24. FUNERAL DIRECTOR John G. Connelly	ADDRESS 418 Eastern Ave Balto., 21.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
FEB 22 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

420.1 01353

CERTIFICATE OF DEATH

944a

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN VICTORY VILLA
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 18 LONGERON DRIVE

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN VICTORY VILLA
STREET ADDRESS (If rural give location) 18 LONGERON DRIVE

3. NAME OF DECEASED (Type or Print): (First) Estella (Middle) MAUDE (Last) BERGQUIST

4. DATE OF DEATH: (Month) 2 (Day) 1 (Year) 19 49

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: 8-9-1886

9. AGE last birthday: 62 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min. 3 28

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WORK

10b. KIND OF BUSINESS OR INDUSTRY: AT HOME

11. BIRTHPLACE (State or foreign country): CLEARFIELD, PA.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: GEORGE EMORY BOYLE

14. MOTHER'S MAIDEN NAME: CLARA BAKER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT: WALTER W. BERGQUIST

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval between onset and death: 15 minutes

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/18, 1948, to 2/1, 1949, that I last saw the deceased alive on 10/18, 1948, and that death occurred at 5:15 p.m., from the causes and on the date stated above.

SIGNATURE Jack Wixler (Degree or title) M.D. ADDRESS

DATE SIGNED Feb. 1, 1949

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE 2-4-49 — NAME OF CEMETERY OR CREMATORY: WESTMINSTER CEM — LOCATION (City, town, or county) (State): WESTMINSTER, MD.

DATE REC'D BY LOCAL REG. 2-3-49

REGISTRAR'S SIGNATURE a. w. Hedrick

24. FUNERAL DIRECTOR: Charles S. Geiler — ADDRESS: 901 S Conkling St Balto, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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92b

Reg. Dist. No. 42

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use one form for each person. Do not abbreviate any word unless it is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

1. PLACE OF DEATH

County: Balto.

City or town: Arbutus, Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 25 years

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Balto.

City or town: Arbutus

(If outside city or town limits, write RURAL and give nearest town)

Street No. 5203 Leeds ave

(If rural, give LOCATION)

2.(a) If veteran, name war:

3.(a) FULL NAME Chas. Frederick Biggerow

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	W.	Widower

6.(b) Name of husband or wife: Theresa Biggerow

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Oct 25 1860

8. AGE: Years	Months	Days	If less than one day
88			hrs. min.

9. Birthplace: Germany (Town, county, and state)

10. Usual occupation: Cabinet Maker

11. Industry or business:

FATHER 12. Name: Charles Biggerow

13. Birthplace: Germany

MOTHER 14. Maiden name: unknown

15. Birthplace: Germany

16. Informant: Mrs. Wm. Rogers (daughter)

Address: 5203 Leeds Ave.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb. 26 - 49 (month) (day) (year)

Cemetery or crematory: London Park Cem.

Location: Frederick Ave.

18. Funeral director: John A. Penny

Address: 5635 Ashbourne Rd.

19. 2/25 1949 (Date rec'd by registrar) A. N. Hedrick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 22 1949 at 10:20 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 18 1949 to 19

and that I last saw h alive on 19

Immediate cause of death	DURATION
Hypostatic Pneumonia	
Mitral Insufficiency	
Senility	
Arteriosclerosis	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Norton C. Hitch M. D. or other

Address: 2151 Wilkens ave Date signed: 2/24/49

01355

443
93d

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Manor Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk.
STREET ADDRESS (If rural, give location) Manor Ave

3. NAME OF DECEASED (Type or Print): (First) Margaret (Middle) (Last) Blaney

4. DATE OF DEATH: (Month) Feb. (Day) 4. (Year) 1949

5. SEX: F | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W. | 8. DATE OF BIRTH: June 14 1859 | 9. AGE last birthday: 89 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Md. | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Paul Kelly | 14. MOTHER'S MAIDEN NAME: Margaret Pippet

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT: Mrs Queenie Sell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) HEART FAILURE — 3 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) RT. HEMIPLEGIA — 5 DAYS
(c) HYPERTENSIVE C.V. DIS. — ?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. NONE

19a. DATE OF OPERATION — | 19b. MAJOR FINDINGS OF OPERATION — | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify) — | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 30, 19 44, to Feb 4, 19 49, that I last saw the deceased alive on Jan Feb 1 19 49, and that death occurred at 3 00 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Stephen C. Mackowiak M.D. ADDRESS 6714 Holabird Ave DATE SIGNED 2/5/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE Feb 8-1949 | NAME OF CEMETERY OR CREMATORY St. Paul's (Catholic) | LOCATION (City, town, or county) Baltimore (State) Md

DATE REC'D BY LOCAL REG. 2/5/49 | REGISTRAR'S SIGNATURE A W Hedrich | 24. FUNERAL DIRECTOR Wm Cook Inc. | ADDRESS 1217 S. Paca St

VS. A15

EVIDENCE FOR ADDITION OF DATE OF DEATH, AGE & BIRTH DATE IS ON: FILM # 6119 - 2-28-49

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

163
47d

01356

CERTIFICATE OF DEATH

Reg. Dist. No. 40

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenarm
LENGTH OF STAY (in this place) Transient
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenarm
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) John (Middle) W. (Last) Blanton

4. DATE OF DEATH (Month) Feb. (Day) 15 (Year) 1949

5. SEX Male
6. COLOR OR RACE Black
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Unknown
8. DATE OF BIRTH Unknown 1884
9. AGE (Last birthday) Unknown 65 If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (State or foreign country) ?
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME ?
14. MOTHER'S MAIDEN NAME ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If year, give war or dates of service) Unknown
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT Balto. Co. Police Dept.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of rt. Lung — INTERVAL BETWEEN ONSET AND DEATH 6½ Mos

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August 2, 1948, to Feb 15, 1949, that I last saw the deceased alive on Feb 14, 1949, and that death occurred at 5 A. m., from the causes and on the date stated above.

SIGNATURE Clifford F. Hudson, M.D. (Degree or title) ADDRESS Fork, Md. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 2/17/49
NAME OF CEMETERY OR CREMATORY Balto. Co. Almshouse
LOCATION (City, town, or county) Balto. Co. (State) Md.

DATE REC'D BY LOCAL REG. Feb. 19. 1949
REGISTRAR'S SIGNATURE Walter M. Hammett, Per. M.R.D. Baldwin, Md.
24. FUNERAL DIRECTOR Lassahn Funeral Home
ADDRESS 7401 Belair Rd.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 22 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

01357

2411 N. Charles Street, Baltimore

154
462

CERTIFICATE OF DEATH

Reg. Dist. No. 44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Balto; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 348 Savannah Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE md; COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
STREET ADDRESS (If rural, give location) 348 Savannah Ave.

3. NAME OF DECEASED (Type or Print): (First) George (Middle) (Last) Bock

4. DATE OF DEATH: (Month) Feb. (Day) 27 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Feb. 13-1875

9. AGE last birthday: 74 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Balto. Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Geo Bock

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT: Mrs. Anna Shadel (daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Adeno-carcinoma of rectum — Interval between onset and death: 1 year

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerotic heart disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: June 48 appx

19b. MAJOR FINDINGS OF OPERATION: Tumor of rectum —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1948, to Feb, 1949, that I last saw the deceased alive on Feb. 26, 1949, and that death occurred at 11 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Maxwell H Mead — ADDRESS: 417½ Eastern Ave. Essex — DATE SIGNED: 2-28-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Mar. 1-49 — NAME OF CEMETERY OR CREMATORY: Maryland Cast — LOCATION (City, town, or county) (State): Balto Md

DATE REC'D BY LOCAL REG: 3/1/49. — REGISTRAR'S SIGNATURE: John G. Connelly — 24. FUNERAL DIRECTOR: John G. Connelly — ADDRESS: 418 Eastern Ave Balto 24 Md.

RECEIVED
MAR 2 1949
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

332
83b

01358

Reg. Dist. No. 38

1. PLACE OF DEATH:

County: Balto.

City or town: Towson
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 50 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Balto.

City or town: Towson
(If outside city or town limits, write RURAL and give nearest town)

Street No. 410 Railroad Ave.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Wm. Kenney Bond

3. (b) Social Security Number

4. Sex: M

5. Color or race: C

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: Addie

6.(c) If alive, give age: 70 years

7. Birth date of deceased (mo., day, yr.): Sept. 1874

8. AGE: Years: 74 | Months: | Days: | If less than one day: hrs. min.

9. Birthplace: St Mary's Co Md.
(Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business

FATHER
12. Name: Nealey Bond
13. Birthplace: Md.

MOTHER
14. Maiden name: Mary Jane
15. Birthplace: "

16. Informant: Addie Bond

Address: 410 Railroad Ave Towson Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb. 4th 1949 (month) (day) (year)

Cemetery or crematory: Pleasant Rest

Location: Towson Md Balto. Co.

18. Funeral director: Byron & Mamie W. Wright

Address: 721 Aisquith St Balto, Md.

19. 2/3 1949 (Date rec'd by registrar) A. W. Hedrick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 1, 1949, at 9:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 1947, to Jan 28 1949 and that I last saw him alive on Jan 28 1949

Immediate cause of death: Cerebral Thrombosis — DURATION: 15 minutes

Due to: Arteriosclerosis

Due to: & Hypertension — unk

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: [illegible] M.D. (M. D. or other)

Address: Towson 4 Md. Date signed: 2/2/49

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

01359

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

334
83a

Reg. Dist. No. 38

1. PLACE OF DEATH:

County Baltimore

City or town Towson (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 10 years

Hospital, institution, or street address where death occurred: Presbyterian Home of Md. Inc.

How long in hospital or institution? 10 years

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Baltimore

City or town Towson (If outside city or town limits, write RURAL and give nearest town)

Street No. none (If rural, give LOCATION)

2.(a) If veteran, name war —

3. (a) FULL NAME Elizabeth P. Boss

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6.(b) Name of husband or wife Joseph U. Boss

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 7-7-1866

8. AGE:

Years	Months	Days	If less than one day
82	5	12	..... hrs. ..... min.

9. Birthplace Stewartsville - New Jersey (Town, county, and state)

10. Usual occupation none

11. Industry or business

FATHER
12. Name Andrew P. Kenney
13. Birthplace Redington - New Jersey

MOTHER
14. Maiden name Elizabeth Deen
15. Birthplace Stewartsville N. J.

16. Informant Twilah E. Elliott (Supt.)

Address Presbyterian Home

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feby 22-49 (month) (day) (year)

Cemetery or crematory Stewartsville Presbyterian

Location Stewartsville Penna

18. Funeral director John O. Mitchell & Son

Address 1900 N. Eutaw Place

19. Feb 21 1949 (Date rec'd by registrar) A. W. Hedrick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 19, 1949, at 2:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1948 to Feb 19, 1949 and that I last saw her alive on Feb 19, 1949

Immediate cause of death	DURATION
Apoplexy	8 hrs.
Due to arterio-sclerosis & hypertension	unk
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE Kurt Greenfield M.D. M. D. or other

Address Towson - 4 - Md. Date signed 2/19/49

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

(I)

1966-9-9

21-5-12

82-4-19

1974-4-14

01360

420.1
940

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Reisterstown Road.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills
STREET ADDRESS (If rural give location) Reisterstown Road.

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) HOWARD (Last) BOWEN.

4. DATE OF DEATH: (Month) Feb (Day) 15 (Year) 1949

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed | 8. DATE OF BIRTH: Feb. 21, 1883 | 9. AGE last birthday: 66 yrs. | If under 1 year: Months Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles W. David Bowen | 14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: 217-14-5906 | 17. INFORMANT: Mrs James V. Love

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary artery Disease — Interval between onset and death: less than 1 hr.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none.

19a. DATE OF OPERATION: None | 19b. MAJOR FINDINGS OF OPERATION: none. | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): none | (CITY OR TOWN): none | (COUNTY) | (STATE): none

TIME OF INJURY (Month) (Day) (Year) (Hour): None m. | INJURY OCCURRED While at Work ☒ Not While At work ☐ | HOW DID INJURY OCCUR? none.

22. I hereby certify that I attended the deceased from 2-18, 19.49, to 2-18, 19.49, that I last saw the deceased alive on not seen alive, 19....., and that death occurred at Undetermined m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

D. D. Caples, M.D. Med. Exam Reisterstown 2-22-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Feb. 21, 1949 | NAME OF CEMETERY OR CREMATORY: Green Hill | LOCATION (City, town, or county) (State): Waynesboro, Pa.

DATE REC'D BY LOCAL REG. 2-21-49 | REGISTRAR'S SIGNATURE: Mary B. Edwin. | 24. FUNERAL DIRECTOR ADDRESS: J. F. Eline's Sons Reisterstown, Md.

VS. A15

RECEIVED
FEB 24 1949
BUREAU V. S.

01361

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

443.
93d.

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH COUNTY: Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lutherville — LENGTH OF STAY (in this place): 25 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lutherville
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Seminary Ave.	STREET ADDRESS (If rural, give location): Seminary Ave.

3. NAME OF DECEASED (Type or Print)	(First) Samuel	(Middle)	(Last) Brown	4. DATE OF DEATH	(Month) 2 (Day) 16 (Year) 1949
5. SEX: Male	6. COLOR OR RACE: Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married	8. DATE OF BIRTH: ?	9. AGE last birthday: 69 ? yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country): Unk.	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME: ? Unk.	14. MOTHER'S MAIDEN NAME: Unk ?				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT: MRS. ANNIE BROWN			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Heart disease, chronic myocarditis, hypertrophy with decompensation.	Unknown
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	Unk
	(c) Arteriosclerosis	Unk

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Feb 2, 19....., to Feb 17, 1949, that I last saw the deceased alive on 2/12, 1949, and that death occurred at 6 30 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Rollin C. Hudson	MD.	Towson, Md	2/17/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE THEREOF: 2/20/1949	NAME OF CEMETERY OR CREMATORY: Pleasant Rest	LOCATION (City, town, or county) (State): Towson, Md.
DATE REC'D BY LOCAL REG.: 2/18/49	REGISTRAR'S SIGNATURE: H. W. Hedrick Dm	24. FUNERAL DIRECTOR: Mrs. Geo. H. Holland	ADDRESS: Druid Hill Cr.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

I

T

MARYLAND STATE DEPARTMENT OF HEALTH

01362

2411 N. Charles Street, Baltimore 442

CERTIFICATE OF DEATH 1310

Reg. Dist. No. 41

1. PLACE OF DEATH: COUNTY: Baltimore — MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Dundalk; LENGTH OF STAY (in this place): 50yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS: ---	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md. COUNTY: Balto.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Dundalk; STREET ADDRESS (If rural, give location): 80 Baltimore Ave.

3. NAME OF DECEASED (Type or Print)	(First) James	(Middle) H.	(Last) Buck	4. DATE OF DEATH	(Month) Feb.	(Day) 17,	(Year) 1949			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months.	Days	If under 24 hrs. Hours	Min.		
Male	White	Widow	Nov. 12, 1869	79 yrs.						

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY: Retired	11. BIRTHPLACE (State or foreign country): W.Va.	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: ---Buck		14. MOTHER'S MAIDEN NAME: Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.: ---	17. INFORMANT: Mrs. Grace Phillips	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) A-S-C-V-P-D Disease — 10yrs

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Dec, 1940, to Feb 17, 1949, that I last saw the deceased alive on Feb 17, 1949, and that death occurred at 6:30 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W.C. Davis	M.D.	3 Rushyplant - Dundalk 22	2/18/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb. 19/49	Oak Lawn Cem.	Balto. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2-18-49	[illegible]	Philips Murray Sons	2024 Orleans St

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

443 Dr 01363

CERTIFICATE OF DEATH 93d

Reg. Dist. No. 44

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ft. Howard
LENGTH OF STAY (In this place): 165 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vets.Adm.Hosp.,Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 500 E. Pratt Street ✓

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
McKINLEY	H.	BURTON	FEB.	2,	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months.	Days	If under 24 hrs. Hours	Min.
Male	White	Single	5-15-96	52 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Painter		Cumberland, Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Edward Burton	Annie Stockman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
Yes	WW-I	219-03-8072	Clin. Rec. VAH, Fort Howard, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocardial Failure	Since 8/21/48
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Cardiovascular disease	Unknown
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 8-21- 19 48 to 2-2-, 1949, that I last saw the deceased alive on 2-2-, 1949, and that death occurred at 10:20 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
H.C. Manaugh H.C. MANAUGH, M.D. Chief Pro. Services	VAH, Ft. Howard, Md.	2-3-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2/5/49	Baltimore National	Baltimore, Md.

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
2/4/49	H.W. Wedrick Dm	Howard Blight, 6009 Harford Rd., Balto., Md. Howard N. Blight 2. 6009 Harford Road

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

EVIDENCE FOR CHANGE OF AGE, + ADDITIONAL INFO. # 18 + 5 ONS
Final # 9119 - 3-24-49

CERTIFICATE OF DEATH

Registered No. 44

01364

BIRTH NO.

1. NAME OF DECEASED (Type or Print): FRANK BUTTIONO

2. DATE OF DEATH: February 28, 1949

3. PLACE OF DEATH: A. Baltimore ~~City~~ Co., Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1104 Chesaco Street

C. Length of stay in Baltimore 75 yrs. Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mount Hayes
D. STREET ADDRESS (If rural, give location): 1104 Chesaco Street

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Dec 18 - 1866
9. AGE (In years last birthday): ~~83~~ 82 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Foreman
10B. KIND OF BUSINESS OR INDUSTRY: United R. R.
11. BIRTHPLACE (State or foreign country): Italy
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): Unknown
16. SOCIAL SECURITY NO.
17. INFORMANT: Anna C. Horn — ADDRESS: 309 Margaret Ave. Essex 21, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease (3-23-49-ams)

DUE TO

422.1
93d

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [ ], suicide [ ], homicide [ ], undetermined [ ].*

23A. SIGNATURE: George G. Merrill M.D.
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: March 1, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 3/4/49
24C. NAME OF CEMETERY OR CREMATORY: Holy Redeemer
24D. LOCATION (City, town, or county): Belair Rd. (State) Md.

DATE RECEIVED BY LOCAL REGISTRAR: 3/4/49
REGISTRAR'S SIGNATURE: John G. Connelly
25. FUNERAL DIRECTOR: John G. Connelly — ADDRESS: Essex 21, Md.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 01365

Evidence for change of birth date is on: Film No. G119, Feb. 16, 1949

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Towson MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Baltimore Mst COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Town / LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto. City
HOSPITAL OR INSTITUTION OR STREET ADDRESS 607 E Joppa Road	STREET ADDRESS (If rural give location) 4902 York Road

3. NAME OF DECEASED (Type or Print) (First) Margaretta (Middle) E. (Last) Callahan	4. DATE OF DEATH (Month) Feb (Day) 4 (Year) 1949					
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify) Single	8. DATE OF BIRTH Dec 26 1901	9. AGE last birthday 47 yrs.	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home	10b. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (State or foreign country) Baltimore Md.	12. CITIZEN OF WHAT COUNTRY? Yes.			
13. FATHER'S NAME Hugh Callahan	14. MOTHER'S MAIDEN NAME Grace M. Swartzer					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) / (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT Grace Turnbull 607 Joppa Road				

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Rheumatic Heart Disease	over 20 yrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c) Rheumatic Heart Disease	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cirrhosis Liver

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Jan. 30, to Feb 4, 1949, that I last saw the deceased alive on Feb 4, 1949, and that death occurred at 3 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Nathaniel M. Beck MD	100 E. 23rd St Baltimore 18 Md	Feb 5-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb 7 1949	Holy Redeemer	Belair Road

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb 6/1949	W. Carroll Van Horn Deputy Local	John C. Moran	3000 E Baltimore St

FEB 9 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

4200 01366
932 Reg. Dist. No. 43

1. PLACE OF DEATH: Balto Co
County Overlea Md.
City or town
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County
City or town Overlea
(If outside city or town limits, write RURAL and give nearest town)
Street No. 420 Walnut Road
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Alma W. Cavanaugh

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6.(b) Name of husband or wife James A. Cavanaugh
6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 19 1868

8. AGE: Years 81 | Months | Days 25 | If less than one day hrs. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name John Howard
13. Birthplace

MOTHER 14. Maiden name Mary Ballman
15. Birthplace

16. Informant Mrs Mary Rode
Address 420 Walnut Road

17. Burial (Burial, cremation, or removal. Which?) Date thereof 2-15-49 (month) (day) (year)
Cemetery or crematory Woodlawn
Location Balto Md.

18. Funeral director John C. Miller Inc.
Address 2435 E. Oliver St.

19. 2/15 1949 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 13 1949, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 27 1948, to Feb. 13 1949
and that I last saw h alive on Feb. 12 1949

Immediate cause of death	DURATION
(a) Terminal Coronary Thrombosis	10 yrs.
Due to	
Due to	
Other conditions Pulmonary Infarction	2 days

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Edward J. Lewis M. D. or other
Address 6232 Belair Rd Date signed Feb 14, 1949

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

Alan Swiss
6232 Belay Road

MARYLAND STATE DEPARTMENT OF HEALTH 01367

2411 N. Charles Street, Baltimore 201

CERTIFICATE OF DEATH 44 b Reg. Dist. No. 34

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkton
LENGTH OF STAY (In this place) 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkton
STREET ADDRESS (If rural, give location) Foreston Road

3. NAME OF DECEASED (Type or Print) (First) Lester (Middle) S. (Last) Clark

4. DATE OF DEATH (Month) Feb. (Day) 21, (Year) 19 49

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH June 10, 1875

9. AGE last birthday 73 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Baltimore Co.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John W. Clark

14. MOTHER'S MAIDEN NAME Sarah E. Rourke

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT Lewis C. Clark

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hodgkins Disease — Interval Between Onset and Death: 2 years

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 12-27-48

19b. MAJOR FINDINGS OF OPERATION Hernia

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov., 1948, to Feb. 21, 1949 that I last saw the deceased alive on 2-18, 1949 and that death occurred at 6 a m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Maurice C. Satterfield ADDRESS Hampstead, Md DATE SIGNED 2-21-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE Feb. 23, 1949

NAME OF CEMETERY OR CREMATORY All Saints

LOCATION (City, town, or county) (State) Reisterstown Md.

DATE REC'D BY LOCAL REG. 2-22-49

REGISTRAR'S SIGNATURE Mary B. Eline.

24. FUNERAL DIRECTOR J. F. Eline Sons ADDRESS Reisterstown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 24 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Bc 01368

002

13b Reg. Dist. No. 32

1. PLACE OF DEATH COUNTY: Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt. Wilson, Md. LENGTH OF STAY (in this place): 4 yrs. 6 mos.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore City
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Mt. Wilson Branch, Md. Tuberculosis Sanatorium	STREET ADDRESS (If rural, give location): 2123 Dukeland Street

3. NAME OF DECEASED (Type or Print)	(First) Daniel	(Middle) L.	(Last) Clayland	4. DATE OF DEATH	(Month) Feb.	(Day) 28	(Year) 1949
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed	8. DATE OF BIRTH: 7/16/1872	9. AGE last birthday: 76 yrs.	If under 1 year: Months 7	Days 12	If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Police Lieut.	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): Queen Anne's Co., Md.	12. CITIZEN OF WHAT COUNTRY? U.S.				
13. FATHER'S NAME: Daniel L. Clayland, Sr.	14. MOTHER'S MAIDEN NAME: Emily Hendricks.						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown (If year, give war or dates of service)	16. SOCIAL SECURITY NO.: None	17. INFORMANT: Daniel L. Clayland					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Tuberculosis	5 yrs.
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Myocarditis	Unknown
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION: None	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/29, 1944, to 2/28, 1949, that I last saw the deceased alive on 2/28, 1949, and that death occurred at 3:20 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Stewart S Shaffer	M.D.	Mt. Wilson, Md.	2/28/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/3/49	New Cathedral	4300 Old Fred. Rd., Balto. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/28/49	Helen R. Mayer	John J. Fahey, 1308 Light St., Balto. Md.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

RECEIVED
MAR 2 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

153 46 2 01369

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point; HOSPITAL OR INSTITUTION OR STREET ADDRESS 512 F Street; MARYLAND; LENGTH OF STAY (in this place)

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore; CITY (If outside corporate limits, write RURAL, and give nearest town) OR TOWN Sparrows Point; STREET ADDRESS (If rural, give location) 512 F Street

3. NAME OF DECEASED (Type or Print): (First) George (Middle) L. (Last) Clayton

4. DATE OF DEATH: (Month) Feb. (Day) 9 (Year) 1949

5. SEX: M.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: Jan. 9, 1889

9. AGE last birthday: 59 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: Bethlehem Steel

11. BIRTHPLACE (State or foreign country): Bethlehem, Pa.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Alexander Clayton

14. MOTHER'S MAIDEN NAME: Mary E. Cunningham

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Harriet L. Clayton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinomatosis — Interval Between Onset and Death: 3 mos.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of Sigmoid — 2 years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1948, to Feb 9, 1949, that I last saw the deceased alive on Feb 9, 1949 and that death occurred at 8 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

M.D. 520 D St. Sparrows Pt 15 Md 2-10

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)

Burial | Feb. 12, 1949 | Parkwood Cemetery | Baltimore Co.

DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS

Feb 12 49 | Dawson L. Harber | Roland L. Fisher | Dundalk, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 15 1949
BUREAU V. S.

01370

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH
COUNTY: Baltimore
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Reisterstown
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md
COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Finksburg
STREET ADDRESS (If rural, give location): Westminster Road

3. NAME OF DECEASED (Type or Print): (First) Julie (Middle) Lee (Last) Cornett

4. DATE OF DEATH: (Month) Feb. (Day) 1, (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Feb. 5, 1948

9. AGE last birthday: yrs. If under 1 year: Months. 11 Days 28 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Carroll Co.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Aris C. Cornett

14. MOTHER'S MAIDEN NAME: Tessie Barnes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Aris C. Cornett

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Broncho-pneumonia — Interval between onset and death: few days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) measles — 5 days

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-1-, 1949, to 2-1-, 1949, that I last saw the deceased alive on 2-1-, 1949, and that death occurred at 1:30 A m. from the causes and on the date stated above.

SIGNATURE: James E. Saffell (Degree or title) M.D. ADDRESS: DATE SIGNED: 2-2-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: Feb. 3, 1949
NAME OF CEMETERY OR CREMATORY: Finksburg
LOCATION (City, town, or county) (State): Carroll Co.

DATE REC'D BY LOCAL REG.: 2-2-49
REGISTRAR'S SIGNATURE: Mary B. Eline.
24. FUNERAL DIRECTOR: J. F. Eline & Sons
ADDRESS: Reisterstown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Give correct age if especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 7 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

153 #2 01371

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 19 Harrison Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville
STREET ADDRESS (If rural, give location) 2920 Hiss Ave.

3. NAME OF DECEASED (Type or Print): (First) HARRY (Middle) W. (Last) DALE
4. DATE OF DEATH: (Month) Feb. (Day) 28 (Year) 19 49
5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced
8. DATE OF BIRTH: Oct. 14, 1864
9. AGE last birthday: 84 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Robert Dale
14. MOTHER'S MAIDEN NAME: Margaret Miller
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: no
17. INFORMANT: Rev. Stanley E. Emrich, Waterford, Va/

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) generalized Carcinomatosis	1/2 yrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) normocytic anemia	1 1/2 yrs.
	(c) Carcinoma of caecum	1 1/2 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. arteriosclerotic CVD

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/5, 1948, to 2/28, 1949, that I last saw the deceased alive on 2/26, 1949, and that death occurred at 7 40 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Harold A. Grotts, M.D. 8100 Harford Rd - 2/25/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: 3/2/49
NAME OF CEMETERY OR CREMATORY: Loudon Park Cem.
LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG. 3-1-49
REGISTRAR'S SIGNATURE: C. W. Hedrick M.D.
24. FUNERAL DIRECTOR: WM. J. TICKNER & SONS
ADDRESS: Balto., Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

450.0 01372

CERTIFICATE OF DEATH

95 Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore Catonsville MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN / LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Damascus
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Isabell (Middle) E (Last) Darne			4. DATE OF DEATH (Month) Feb. (Day) 25 (Year) 1949		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH Sept 17-1867	9. AGE last birthday 81 yrs.	If under 1 year Months / Days / If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY Housewife		11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Peter K. Mossburg			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None		17. INFORMANT D.P. Darne		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cardiac dilatation & failure	5 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis, generalized	unknown
	(c) Senex	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Feb 18, 1949, to Feb 25, 1949, that I last saw the deceased alive on Feb 20, 1949, and that death occurred at 7:00 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Stephen Lee Magness	MD	Catons 28, Md	2-25-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 2/25/49	NAME OF CEMETERY OR CREMATORY Monocacy	LOCATION (City, town, or county) Beallsville	(State)
DATE REC'D BY LOCAL REG. 2/25/49	REGISTRAR'S SIGNATURE V.E. Harry	24. FUNERAL DIRECTOR William B. Stilton	ADDRESS	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 T

RECEIVED
FEB 28 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01373

CERTIFICATE OF DEATH

Reg. Dist. No. 42

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lansdowne; LENGTH OF STAY (In this place) 1yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lansdowne
STREET ADDRESS (If rural, give location) 227 Elizabeth Ave.,

3. NAME OF DECEASED (Type or Print): (First) ANNIE (Middle) C. (Last) DAY

4. DATE OF DEATH: (Month) Feb'y (Day) 28, (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, or DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Sept. 17, 1889

9. AGE last birthday: 59 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Willis Long

14. MOTHER'S MAIDEN NAME: Ida E. Lowman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mr. Eddie C. Day

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

170 Immediate cause (a) Pulmonary edema — Interval between onset and death: 1 day

Antecedent cause(s)

50 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of breast with metasteses

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 7, 1949, to Feb. 28, 1949, that I last saw the deceased alive on Feb. 27, 1949, and that death occurred at 6:10 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Samuel Weisman, M.D. 3900 Dorchester Rd 1 Mar. 1, 1949

23. BURIAL, CREMATION or REMOVAL (Specify): BURIAL
DATE: 3-3-1949
NAME OF CEMETERY OR CREMATORY: Kemptown
LOCATION (City, town, or county) (State): Kemptown Md.

DATE REC'D BY LOCAL REG. Mch 2 49
REGISTRAR'S SIGNATURE Ben Kieffer

24. FUNERAL DIRECTOR ADDRESS: C. M. Waltz, Winfield, Md.

VS. A15

RECEIVED
MAR 12 1949
BUREAU V. S.

EVIDENCE FOR CHANGE OF AGE SHOWN ON: FILM No. 6119 - FEB. 28, 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

491 107 01374

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Baltimore Co. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville — LENGTH OF STAY (in this place): 75 79 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 2322 Powers Lane	STREET ADDRESS (If rural, give location): 2322 Powers Lane

3. NAME OF DECEASED (Type or Print)	(First) CHARLES	(Middle)	(Last) DEITZ	4. DATE OF DEATH (Month) Feb.	(Day) 21,	(Year) 1949		
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower	8. DATE OF BIRTH: 2/4/70	9. AGE last birthday: 75 79 yrs.	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country): Maryland	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: John Deitz		14. MOTHER'S MAIDEN NAME: Elizabeth ?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): None	16. SOCIAL SECURITY NO.	17. INFORMANT: Mrs Alava Hoke	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Broncho-Pneumonia	2/15/49.
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) —	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —	19b. MAJOR FINDINGS OF OPERATION: —	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 2/15/, 1949, to 2/21/, 1949, that I last saw the deceased alive on 2/21/, 1949 and that death occurred at 5:00 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
S. Lloyd Jensen	M.D.	Catonsville	2/22/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	2/24/49	Salem Lutheran	Catonsville	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/22/49	V.E. Harry	Easton Sons	Catonsville Md.

RECEIVED
FEB 24 1949
BUREAU V. S.

Evidence for
Edition B
Cause of death

FILM No. G 120 MAY 5 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01375

CERTIFICATE OF DEATH

Reg. Dist. No. 31

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Randallstown; MARYLAND; LENGTH OF STAY (in this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Randallstown; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Florence (Middle) A. (Last) Deitz

4. DATE OF DEATH: (Month) Feb. (Day) 15 (Year) 1949

5. SEX: F.

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Aug. 6 1887

9. AGE last birthday: 61 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Balto. Co. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Pearre Wolf

14. MOTHER'S MAIDEN NAME: Minna Ehrhardt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Clarence E. Deitz

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

157 Immediate cause (a) Cascinomatosis

Antecedent cause(s)

46g Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of pancreas [5/5/49 ahc]

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1941., to 2/15/, 1949., that I last saw the deceased alive on 2/15/, 1949., and that death occurred at 5:30 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Wm. E. Martin M.D. Randallstown Md

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: Feb 18 1949 | NAME OF CEMETERY OR ~~CREMATORY~~: Mt Olive | LOCATION (City, town, or county) (State): Randallstown, Md.

DATE REC'D BY LOCAL REG. 3/16/49 | REGISTRAR'S SIGNATURE: Wm. E. Martin | 24. FUNERAL DIRECTOR: C. Harry Estes | ADDRESS: Lyndale, Md.

VS. A15

RECEIVED
APR 13 1949
BUREAU V. B.

01376

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

331
83a

Reg. Dist. No. 31

1. PLACE OF DEATH:

County: Baltimore

City or town: Woodlawn
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 13 years

Hospital, institution, or street address where death occurred: 2012 Englewood Ave.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Woodlawn
(If outside city or town limits, write RURAL and give nearest town)

Street No.: 2012 Englewood Ave.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Mary E. Dickinson

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband or wife: Harvey W. Dickinson

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): September 23, 1872

8. AGE:

Years	Months	Days	If less than one day
76	4	28	..... hrs. ..... min.

9. Birthplace: Rock Hall, Md.
(Town, county, and state)

10. Usual occupation: None

11. Industry or business

FATHER
12. Name: Isaac L. Leary
13. Birthplace: Maryland

MOTHER
14. Maiden name: E. Virginia Maslin
15. Birthplace: Maryland

16. Informant: Mr. Paul E. Crum

Address: 2012 Englewood Ave., Catonsville, Md.

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof: Feb. 23, 1949
(month) (day) (year)

Cemetery or crematory: Chesterfield Cemetery

Location: Centreville, Md.

18. Funeral director: Willis Lamoreau

Address: 4510 Liberty Heights Ave.

19. 2/22 1949 A-W. Hedrick Jr.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 20 1949, at ..... M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1940 19..., to Febr. 20 1949

and that I last saw her alive on February 15 1949

Immediate cause of death: Cerebral hemorrhage — DURATION: 9 hrs

Due to: arterio sclerosis — ?

Due to:

Other conditions: 1st cerebral hemorrhage Febr. 15, 1949 - slight
(Include pregnancy within 3 months of death)

Major findings of operations: No operation

Date of op.

Autopsy results: None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: H. V. Harper M.D.
M. D. or other

Address: 5201 Gwynn Oak Ave. Date signed

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

13b

01377

Reg. Dist. No.

1. PLACE OF DEATH COUNTY: Balto MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Md. COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bare Hills — LENGTH OF STAY (in this place): 28 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt. Washington #9.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Falls Rd.	STREET ADDRESS (If rural, give location): Falls Rd. 6 a or Block

3. NAME OF DECEASED (Type or Print)	(First) JOHN.	(Middle) HENRY	(Last) DORSEY JR.	4. DATE OF DEATH	(Month) Feb	(Day) 24	(Year) 1949
5. SEX: Male.	6. COLOR OR RACE: Colored.	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single	8. DATE OF BIRTH: Feb 18, 1921	9. AGE last birthday: 28 yrs.	If under 1 year: Months 0, Days 6	If under 24 hrs.: Hours, Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver.	10b. KIND OF BUSINESS OR INDUSTRY: Odd jobs.	11. BIRTHPLACE (State or foreign country): Md.	12. CITIZEN OF WHAT COUNTRY? W.S.A.				
13. FATHER'S NAME: John Henry Dorsey.	14. MOTHER'S MAIDEN NAME: Alice Gertrude Johnson.						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes. (If year, give war or dates of service): 1942	16. SOCIAL SECURITY NO.: No.	17. INFORMANT: Father					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Diabetes — 4 yrs

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Pulmonary Tbc. — 1 yr.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None	19b. MAJOR FINDINGS OF OPERATION: None.	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify): None.	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): None.	(CITY OR TOWN) None. (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour): None. m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? None.

22. I hereby certify that I attended the deceased from 2-24, 1949, to 2-24, 1949, that I last saw the deceased alive on not seen alive, 1949, and that death occurred at 6:30 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
D. D. Caples, M.D.	Med. Exam.	Reisterstown, Md	Feb 24 '49.

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2-28-49	Balto. Nat. Cem	Balto, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/28/49	A.W. Hedrick Jm	Elroy O. Wilson	1000 Brantly Way

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01378

443
932

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH
COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft.Howard
MARYLAND
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm.Hosp.,Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland
COUNTY Dark
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hurlock
STREET ADDRESS (If rural, give location) none

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
IRA	J	DYER	FEB.	3,	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	7-16-88	60 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Foreman
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Georgetown, Delaware
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Dyer
14. MOTHER'S MAIDEN NAME: Cassie Diggison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes
(If year, give war or dates of service): WW-I
16. SOCIAL SECURITY NO.: unknown
17. INFORMANT: Clin.Records, Vets.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	7 Days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive cardiovascular disease	1 yr. plus
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-29-, 1949, to 2-3-, 1949, that I last saw the deceased alive on 2-3-, 1949, and that death occurred at 8:30 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
H.C. MANAUGH, M.D. Chief Pro. Services VAH, Ft.Howard, Md. 2-3-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb. 5, 1949	Millville Brotherhood Cem.	Millville, Del.

DATE REC'D BY LOCAL REG. Feb. 3-49
REGISTRAR'S SIGNATURE Dawson L. Harber
24. FUNERAL DIRECTOR ADDRESS
Willoughby Funeral Home East New Market Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
FEB 7 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

331
830

01379

CERTIFICATE OF DEATH

Reg. Dist. No. 37

1. PLACE OF DEATH · COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Md COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville — LENGTH OF STAY (in this place) 58 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural give location) Beaver Dam. Rd.

3. NAME OF DECEASED (Type or Print) (First) Sarah (Middle) Ann (Last) Eagan			4. DATE OF DEATH (Month) 2 (Day) 17 (Year) 1949		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Apr. 3/90	9. AGE last birthday 58 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Laurel - Penna		12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Joseph Freeland			14. MOTHER'S MAIDEN NAME Angeline Nace		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO.		17. INFORMANT Frank Eagan - (Son)		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	40 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	
	(c) (Third attack of paralysis.)	1 yr.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 2/13, 1949, to 2/17, 1949, that I last saw the deceased alive on 2/17, 1949, and that death occurred at 4 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Wilmer C. Ensor M.D.	Cockeysville Md.	2/17/49.

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF Feb. 20, 1949	NAME OF CEMETERY OR CREMATORY Joseph Methodist	LOCATION (City, town, or county) (State) Sparks, Md.
DATE REC'D BY LOCAL REG. Feb. 18. 1949	REGISTRAR'S SIGNATURE Wilmer C. Ensor M.D.	24. FUNERAL DIRECTOR J. Scott Brooks	ADDRESS Sparks, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 21 1949
BUREAU V. S.

EVIDENCE FOR ADDITIONAL INFO. IN #18 IS ON: FILM# 5119-3-20-19-A

BIRTH NO.

CERTIFICATE OF DEATH

Registered No. 410 92 K 41 (1380)

1. NAME OF DECEASED (Type or Print): Dorothy V. Elwood

2. DATE OF DEATH: Feb. 3, 1949

3. PLACE OF DEATH: BALTIMORE COUNTY
A. Baltimore City, Maryland Sparrows Pt., Md.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 910 F Street, Sparrows Pt. Maryland.
c. Length of stay in Baltimore: 32 years. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore Co.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore, Maryland
D. STREET ADDRESS (If rural, give location): 910 F Street

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 1910
9. AGE (In years last birthday): 39 (If Under 1 Year: Months, Days; If Under 24 Hours: Hours, Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Georgia
12. CITIZEN OF WHAT COUNTRY? America

13. FATHER'S NAME: Robert C. Smoot

14. MOTHER'S MAIDEN NAME: Asenath Smith

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No.
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.

17. INFORMANT: Mr. Russell M. Elwood
ADDRESS: 910 F St. Sparrows Pt.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH:

DUE TO

ANTECEDENT CAUSES

(B) Mitral valvulitis - predominating stenosis.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(B) Rheumatic fever, Inactive for many years. (2/29/49 - A.W.)

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: None.
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): No.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): No.
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1945 *to* January, 1949, *that I last saw the deceased alive on* January 15, '49 *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23A. SIGNATURE: Dr. Jno. E. Bayer, M. D.
23B. ADDRESS: 11 E. Chase St., Balto. 2, Md.
23C. DATE SIGNED: 2-4-49

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 2/5/49
24C. NAME OF CEMETERY OR CREMATORY: DRUID RIDGE CEM.
24D. LOCATION (City, town, or county) (State): PIKESVILLE, MD.

DATE RECEIVED BY LOCAL REGISTRAR: 2/4/49
REGISTRAR'S SIGNATURE: A. W. Hedrick
25. FUNERAL DIRECTOR: WM. J. TICKNER & SONS
ADDRESS: BALTO., MD.

VS. A15

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01381

420.1

Reg. Dist. No. 35

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkton; LENGTH OF STAY (In this place) 38 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkton; STREET ADDRESS (If rural give location) Middletown Rd.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Ada	Victoria	Ensor	2	15	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W	married	11-11-1873	75 yrs.	3	4		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	home	Butler, Balto Co. Md.	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joseph Ensor	Mary E. Tracey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no	—	Mr. Clifton T. Ensor

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Thrombosis	24 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio Sclerosis	5 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
no	—	—	—	—

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
—			m.		—

22. I hereby certify that I attended the deceased from 1/1/49, to 2/15/49, that I last saw the deceased alive on 2/13/49, and that death occurred at 2:40 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
S. Cole Bowers, M.D		New Freedom Pa	2/15/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	2-18-49	Black Rock	Butler, Balto Co.	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb. 18, 1949	Mrs Howard S. Markline	Landon M. Brooks,	Sparks, Md

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sparks (Rural)
LENGTH OF STAY (In this place): MARYLAND / Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Thorton Hunton Mill Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sparks
STREET ADDRESS (If rural, give location): Western & Hunton Mill Rds

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
William	Leonel	Enson	Feb.	25	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
M	W		Apr. 16, 1867	81 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Self	Sparks Maryland	USA

13. FATHER'S NAME: Wm. O. Enson
14. MOTHER'S MAIDEN NAME: Elizabeth Daniels

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		None	Mrs. Wm. L. Enson, Sparks, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocarditis	3 yrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio sclerosis -	3 yrs.
	(c) Prostatitis	5 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/15, 1949, to 2/25, 1949, that I last saw the deceased alive on 2/24, 1949, and that death occurred at 9/A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Wilmer C. Enson M.D.	Cockeysville Md.	2/26/49.

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb. 27, 1949	Bosley	Sparks, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb. 20, 1949	Wilmer C. Enson.	Landon M. Brooks	

VS. A15

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FEB 26 1949
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

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Reg. Dist. No. 58

1. PLACE OF DEATH: COUNTY Baltimore County MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Towson LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eudowood Sanatorium	STREET ADDRESS 522 E Street (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Charlotte (Middle) Flower (Last)			4. DATE OF DEATH (Month) (Day) (Year) February 19 1949		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH Dec 24, 1868	9. AGE last birthday 80 yrs.	If under 1 year Months 50 Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Baltimore, Md		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Ferdinand Lauzer			14. MOTHER'S MAIDEN NAME Louisa Eckard		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.		17. INFORMANT Personal History and Hospital Records, Eudowood Sanatorium, Towson		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary tuberculosis	Onset
Antecedent cause(s)		January
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	1926
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 25, 1940, to Feb 19, 1949, that I last saw the deceased alive on Feb 19, 1949, and that death occurred at 1:15 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
William A Bridges	M.D.	Towson, 4, Md.	

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE Feb 22 1949	NAME OF CEMETERY OR CREMATORY Oak Lawn	LOCATION (City, town, or county) (State) Baltimore County, Md.
DATE REC'D BY LOCAL REG. 2/21/49	REGISTRAR'S SIGNATURE A. W. Hedrick JS	24. FUNERAL DIRECTOR Roland L. Fisher, Dundalk, Md.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01384

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938

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills | LENGTH OF STAY (in this place) 25 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills
STREET ADDRESS (If rural give location) Reisterstown Road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
SUSANNAH	HESSIE	FOWLER	February	4	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	Jan. 3, 1871	78 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housework		Carroll Co.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Pouder	Eveline E. Gorsuch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	None	Thomas Fowler

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage — 15 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardio Vascular Disease — 5 years.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
No				

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/4, 1949, to 2/5, 1949, that I last saw the deceased alive on 2/4, 1949, and that death occurred at 10:45 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Martin E. Strobel	M.D.	Reisterstown, Md.	2/5/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb. 7, 1949	St. John's	Westminster, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2-5-49	Mary B. Cline	J. S. Cline & Sons	Reisterstown, Md.

VS. A15

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FEB 7 1949
BUREAU V. S.

EVIDENCE FOR CHANGE + ADDITION IN #18 15 ON. FILM # 6119 4-5-49

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01385

CERTIFICATE OF DEATH

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pikesville
LENGTH OF STAY (In this place): 3 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 112 Church Lane.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pikesville 8
STREET ADDRESS (If rural give location): 112 Church Lane

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Sarah	Ackuff	Frey	Feb	15	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W.	widowed	4 April 1860	88 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James Ackuff.
14. MOTHER'S MAIDEN NAME: Martha Fidella

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs Sarah Barnwell, Pikesville 8 Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

491 **Immediate cause** (a) (d) Senility — Interval between Onset and Death: several years indefinite

Antecedent cause(s)

107 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) (a) Broncho Pneumonia (4/5/49 - A.S.) — 1 wk

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 3 Jan, 1949, to 15 Feb, 1949, that I last saw the deceased alive on 13 Feb, 1949, and that death occurred at 10 15 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Paul H Royer	M D	Pikesville 8 Md	15 Feb 49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	2/18/49	Ardsley Burial Park	Phila. Pa.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/17/49	A. W. Hedrick	WM. J. TICKNER & SONS INC.	NORTH & PA. AVES

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

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CERTIFICATE OF DEATH

97

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Phoenix
LENGTH OF STAY (in this place) 7 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balt.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Phoenix
STREET ADDRESS (If rural give location) Philpot Road & Phoenix Rd.

3. NAME OF DECEASED (Type or Print) (First) Stephen (Middle) Harry (Last) George

4. DATE OF DEATH (Month) February (Day) 27 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 25 September 1875
9. AGE last birthday 73 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist - retired
10b. KIND OF BUSINESS OR INDUSTRY Manufacturing
11. BIRTHPLACE (State or foreign country) Baltimore City Balt. Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Harry Stephen George
14. MOTHER'S MAIDEN NAME Geneva Pierce Ford.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service)
16. SOCIAL SECURITY No. 215-05-6365
17. INFORMANT Harry Edward George (SON)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Heart failure due to — 2 1/2 months

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — Unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Colitis — Unknown

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August, 1948, to February, 1949, that I last saw the deceased alive on 27 February, 1949, and that death occurred at 9:30 A.m., from the causes and on the date stated above.

SIGNATURE Walter T. Kees (Degree or title) M.D. ADDRESS Cockeysville DATE SIGNED 27 February 1949

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE MARCH 1 "49
NAME OF CEMETERY OR CREMATORY Jessops. Meth Cem
LOCATION (City, town, or county) (State) Balto Co. Md

DATE REC'D BY LOCAL REG. 2/28/49
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR Geo. L. Beyer Jr ADDRESS 1512 Hollins St Balto Md

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01387

Reg. Dist. No. 43

1. PLACE OF DEATH
COUNTY Balto. STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Raspeburg
LENGTH OF STAY (in this place) 3 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 45 Greenwood Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Raspeburg
STREET ADDRESS (If rural, give location) 45 Greenwood Ave

3. NAME OF DECEASED (Type or Print) (First) William (Middle) F. (Last) George

4. DATE OF DEATH (Month) 2 (Day) 26 (Year) 1949

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH 1/22/74

9. AGE last birthday 75 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (State or foreign country) Balto. City Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Mrs. August Ebert 45 Greenwood Ave. Balto. 6 Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cardiac failure - acute	few hours
Antecedent cause(s)	(b) Generalized Carcinomatosis & Cachexia	6 months
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Carcinoma of the Prostate	1 year

177
518

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION in 1948 Simple prostatectomy

19b. MAJOR FINDINGS OF OPERATION Carcinoma of the Prostate

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1948, to Feb 26 1949, that I last saw the deceased alive on Feb 20, 1949, and that death occurred at 4A m., from the causes and on the date stated above.

SIGNATURE Israel Rosen M.D (Degree or title) ADDRESS 2413 E Monument St DATE SIGNED 2/26/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE 3/1/49 NAME OF CEMETERY OR CREMATORY St. Michaels Luth. LOCATION (City, town, or county) Balto. Co. (State) Md

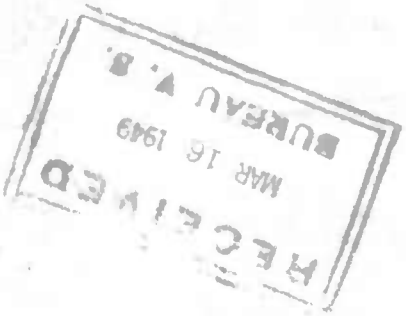
DATE REC'D BY LOCAL REG. Feb. 26-49 REGISTRAR'S SIGNATURE Mrs. A. L. Reynolds

24. FUNERAL DIRECTOR Lansdale Funeral Home ADDRESS 4401 Belair Rd.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15


RECEIVED
MAR 16 1949
BUREAU V. R.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

337 83a

01388

Reg. Dist. No. 44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Baltimore
City or town: Chase, Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 40 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Baltimore
City or town: Chase,
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: William Frederick Gilbert

3.(b) Social Security Number

4. Sex: M
5. Color or race: Col
6.(a) Single, married, widowed, or divorced: Married
6.(b) Name of husband or wife: Sarah O.
6.(c) If alive, give age ..... years
7. Birth date of deceased (mo., day, yr.): July 12th 1871
8. AGE: Years: 77 Months: 6 Days: 28 If less than one day: ..... hrs. ..... min.
9. Birthplace: Harford Co. Md (Town, county, and state)
10. Usual occupation: Carpenter
11. Industry or business: Carpenter
FATHER 12. Name: Unknown
FATHER 13. Birthplace
MOTHER 14. Maiden name
MOTHER 15. Birthplace
16. Informant: Mrs. Sarah O. Gilbert
Address: Eastern Ave. Chase, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 2-13-1949 (month) (day) (year)
Cemetery or crematory: Sharp St.
Location: Chase, Maryland
18. Funeral director: Wm. H. Hellmuth
Address: 1631 Druid Hill Ave. B'more
19. February 12th 1949 (Date rec'd by registrar) R.W. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 10th 1949 at 5 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1948 to February 10th 1949; and that I last saw him alive on February 9th 1949
Immediate cause of death: Cerebral apoplexy — DURATION: 8 Mos.
Due to: Hypertension and
Due to: Arteriosclerosis — DURATION: 10 yrs.
Other conditions
(Include pregnancy within 3 months of death)
Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: J. W. Thomas M.D.
M. D. or other
Address: 107 Main St. Dundalk, Md. Date signed: Mch 2, 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

029 01389 42

CERTIFICATE OF DEATH

30g Reg. Dist. No. 190

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St Denis | LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Denis
STREET ADDRESS (If rural give location) 807 Sutton Ave

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) (Last) Gillen
4. DATE OF DEATH: (Month) 2 (Day) 6 (Year) 1949.

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single | 8. DATE OF BIRTH: May 13, 1875 | 9. AGE last birthday: 73 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): St Denis Md | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Hugh Gillen | 14. MOTHER'S MAIDEN NAME: Ellen Magan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT: Mrs Mary C. Gillen Burns

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Dehydration Following Coma — 3 or 4 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Cerebral arteriosclerosis & Senile Changes — 10 or 7 years

(c) Chronic Nephritis — 7 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19 35., to Feb 6, 19 49, that I last saw the deceased alive on Feb 5, 19 49., and that death occurred at 10.15 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Frederic V. Beitler - 701 3 Medical Arts Bldg - Balto 1 - Md. 2-6-49.

23. BURIAL, CREMATION REMOVAL (Specify) | DATE 2/9/49 | NAME OF CEMETERY OR CREMATORY St Augustines Cem | LOCATION (City, town, or county) Elkridge. (State) Md

DATE REC'D BY LOCAL REG. Feb. 6, 1949 | REGISTRAR'S SIGNATURE Russell R. Bird Williams Asst. Registrar | 24. FUNERAL DIRECTOR John J. Conaty & Son | ADDRESS 601 Hillen St Balto 23. Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 8 1949
BUREAU V. S.

1948
23
1875

01390

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

754.0

CERTIFICATE OF DEATH

157e Reg. Dist. No. 37

1. PLACE OF DEATH· COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED· STATE Maryland COUNTY Balt.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Texas — LENGTH OF STAY (in this place) 20 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Texas
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural give location) Railroad Ave.

3. NAME OF DECEASED (Type or Print)	(First) Raymond	(Middle) Lamott	(Last) Gover	4. DATE OF DEATH	(Month) February (Day) 27 (Year) 1949
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH 7 February 1949	9. AGE last birthday yrs.	If under 1 year Months / Days 20 / If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Texas Balt. Co. Md.	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Raymond Lamott Gover		14. MOTHER'S MAIDEN NAME Muriel Jane Barron			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Estelle Barron			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Heart failure due to — 20 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) congenital cardiac defect due to — 20 days

(c) tetralogy of Fallot(?)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 26 Feb., 1949, to 27 Feb, 1949, that I last saw the deceased alive on 26 Feb, 1949, and that death occurred at 2:10 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Walter T. Kees	M.D.	Cockeysville	Md. 2-27-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 3-1-49	NAME OF CEMETERY OR CREMATORY Poplar Methodist	LOCATION (City, town, or county) Cockeysville, Md (State)
DATE REC'D BY LOCAL REG. Feb. 28 1949	REGISTRAR'S SIGNATURE Wilmer C. Ewer M.D.	24. FUNERAL DIRECTOR J. Scott Brooks, Sparks	ADDRESS Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 2 1948
BUREAU U. S.

Dr. Krause
11 E. Chase

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Bc 01391
4200
93d

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY Overlea MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY ~~Overlea~~
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS Belair Rd & Joppa Rd.	STREET ADDRESS (If rural, give location) 3009 Evergreen Avenue

3. NAME OF DECEASED (Type or Print) (First) Dr. (Middle) Morris (Last) B. Green				4. DATE OF DEATH (Month) Feb. (Day) 2nd, (Year) 1949 19	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH July 21, 1886	9. AGE last birthday 62 yrs.	If under 1 year Months. Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Medical Doctor	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Baltimore County, Md.	12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Dr. John S. Green, Sr.			14. MOTHER'S MAIDEN NAME Eleanor Baldwin		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.		17. INFORMANT Mrs. Marie Green, 3009 Evergreen Ave.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic Heart Disease

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec, 1948, to Feb 2, 1949, that I last saw the deceased alive on Feb 2, 1949, and that death occurred at 5 40p m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Louis Krause MD. ADDRESS 11 E Chase St DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 2-5-49	NAME OF CEMETERY OR CREMATORY Loudon Park Cem	LOCATION (City, town, or county) (State) Baltimore, Maryland
DATE REC'D BY LOCAL REG. February 5 '49	REGISTRAR'S SIGNATURE A. M. Bacon	24. FUNERAL DIRECTOR ADDRESS Leonard J. Ruck, 5305 Harford Road.	

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VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
FEB 8 1949
BUREAU V. S.

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94a

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. ~~44~~

1. PLACE OF DEATH: COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2438 Keyway

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
STREET ADDRESS (If rural, give location) 2438 Keyway

3. NAME OF DECEASED (Type or Print) (First) Clarence (Middle) T. (Last) Grover

4. DATE OF DEATH (Month) Feb (Day) 5th (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify) Married
8. DATE OF BIRTH May 5th 1895
9. AGE last birthday 53 yrs. If under 1 year Months 9 Days 0 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician
10b. KIND OF BUSINESS OR INDUSTRY Bethlehem Steel Co.
11. BIRTHPLACE (State or foreign country) Balto. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Thomas T. Grover
14. MOTHER'S MAIDEN NAME Annie E. Druery

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) W.W. #1
16. SOCIAL SECURITY NO. 213-07-9782
17. INFORMANT Mrs. M. M. Grover 2438 Keyway Dundalk

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary thrombosis

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: about 8 mos.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 5, 1948, to Jan 6, 1949, that I last saw the deceased alive on Jan 6, 1949, and that death occurred at 4 20/A m., from the causes and on the date stated above.

SIGNATURE Louis J. Kroll, MD (Degree or title) ADDRESS 1801 Eutaw Place DATE SIGNED 2/6/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 2/8/49
NAME OF CEMETERY OR CREMATORY U.S. National
LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REG. 2/7/49
REGISTRAR'S SIGNATURE [signature] Hedrich
24. FUNERAL DIRECTOR Wm Cook Inc. 1217 St. Paul st. Balto. Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Evidence for change of birth date and age is on: Film No. G119, Feb. 16, 1949.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

600.0

01393

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY: Baltimore; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville; LENGTH OF STAY (in this place): 2 yrs 5 mon.s; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Prince George; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hillside; STREET ADDRESS (If rural give location): 1401 57th Avenue

3. NAME OF DECEASED (Type or Print): (First) Austin (Middle) F. (Last) Gunnell

4. DATE OF DEATH: (Month) February (Day) 4 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 11/28/~~83~~ 91

9. AGE last birthday: ~~53~~ 57 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Produce business

10b. KIND OF BUSINESS OR INDUSTRY: Commodities

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Amos F. Gunnell

14. MOTHER'S MAIDEN NAME: Mattie Mattier

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cortical atrophy (undiagnosed) — Indef.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last: (b) Chronic right pyelonephritis — "

(c)

II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. Right renal calculus — "

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ✓ ~~No~~

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/26/~~48~~ 1946, to February 4 1949, that I last saw the deceased alive on 2/4/49, 19....., and that death occurred at 5:10 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Henry C. A. Mead, M.D. Catonsville 28, Maryland 2/4/49

23. BURIAL, CREMATION REMOVAL (Specify): Removal DATE: 2-17-49 NAME OF CEMETERY OR CREMATORY: Local LOCATION (City, town, or county) (State): Washington D.C.

DATE REC'D BY LOCAL REG. 2/5/49 REGISTRAR'S SIGNATURE: V.E. Harry

24. FUNERAL DIRECTOR: H.W. Chambers Co. ADDRESS: 517-11th St SE

791.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 7 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01394

331

83a

CERTIFICATE OF DEATH

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Texas
LENGTH OF STAY (in this place) 5yr 2 mo 2da
HOSPITAL OR INSTITUTION OR STREET ADDRESS Baltimore County Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Texas
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Lucy (Middle) (Last) Guy

4. DATE OF DEATH: (Month) Feb. (Day) 2 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: unk 1878 ? About 72 ? yrs.

9. AGE last birthday: If under 1 year Months / Days; If under 24 hrs. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Practical Nurse

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Chase Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Roberts

14. MOTHER'S MAIDEN NAME: Jennie Sales

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Mrs Edward Ritzman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 35 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Arteriosclerosis
(c) Senility -

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/30, 1943, to 2/2, 1949, that I last saw the deceased alive on 2/1, 1949, and that death occurred at 9 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Wilmer C. Esson M.D. Cockeysville Md. 2/2/49.

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: 2-4-49 | NAME OF CEMETERY OR CREMATORY: St. Peters | LOCATION (City, town, or county) (State): Hereford, Monkton Md.

DATE REC'D BY LOCAL REG. 2/2/49 | REGISTRAR'S SIGNATURE: Wm. J. Chilcoat | 24. FUNERAL DIRECTOR: Landon M. Brooks | ADDRESS: Sparks, Md

VS. A15

RECEIVED
FEB 7 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

01395

2411 N. Charles Street, Baltimore 420.1

CERTIFICATE OF DEATH 94a Reg. Dist. No. 39

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ulutehall (Rural) LENGTH OF STAY (in this place) 3 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ulutehall (Rural)
STREET ADDRESS (If rural give location) Wilson Rd.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Stanford	White	Hamby	Jan.	16	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
M	W		Mar. 16 1908	40 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer & Bull Dozer operator	[redacted]	Wilkes Co. North Carolina	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Robert Hamby	Malinda Hall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
	225-18-8980	Mrs Leona Hamby, Ulutehall Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion (Dead on arrival)

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
A. M. France		Parkton Md	2/16/49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb. 16, 1949	Jessops	Sparks Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/17/49	Anna Pearce Price	Landon M. Brooks	Sparks, Md

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
FEB 21 1949
BUREAU V. S.

01396

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

420.1
940

CERTIFICATE OF DEATH

Reg. Dist. No. 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ft. Howard
LENGTH OF STAY (In this place): 41 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vets. Adm. Hosp., Ft. Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Balto. Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 7307 Waldman Avenue

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) B. (Last) HARRIS

4. DATE OF DEATH: (Month) Feb. (Day) 7, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 9-14-92

9. AGE last birthday: 56 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chief Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Bethlehem Steel

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Harris

14. MOTHER'S MAIDEN NAME: Katherine Winkert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes
(If year, give war or dates of service): WW-I

16. SOCIAL SECURITY NO.: 213-07-7753

17. INFORMANT: Clin. Rec. VAH, Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Myocardial Failure	4 Days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Acute Coronary Occlusion	6 Weeks
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-28-1948, to 2-7-1949, that I last saw the deceased alive on 2-7-, 1949, and that death occurred at 6:25 Am., from the causes and on the date stated above.

SIGNATURE: H.C. MANAUGH, M.D. (Degree or title): Chief Pro. Ser. ADDRESS: VAH, Ft. Howard, Md. DATE SIGNED: 2-7-49

23. BURIAL, CREMATION REMOVAL (Specify): DATE: Feb. 10, 1949 NAME OF CEMETERY OR CREMATORY: Baltimore National LOCATION (City, town, or county) (State): Frederick Road

DATE REC'D BY LOCAL REG.: 2/8/49

REGISTRAR'S SIGNATURE: A. W. Hedrick

24. FUNERAL DIRECTOR ADDRESS: Roland Fisher, Dundalk, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

420.1 94a

01397

CERTIFICATE OF DEATH

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

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VS. A15

1. PLACE OF DEATH
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural – Pikesville
LENGTH OF STAY (in this place) 2 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS None

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY CITY- BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTO.
STREET ADDRESS (If rural, give location) 1115 MYRTLE AVE

3. NAME OF DECEASED (Type or Print) (First) GEORGE (Middle) WM. (Last) HARRISON

4. DATE OF DEATH (Month) FEB. (Day) 2 (Year) 1949

5. SEX MALE

6. COLOR OR RACE COLORED

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED

8. DATE OF BIRTH Sept 23-1902

9. AGE last birthday 47 yrs. If under 1 year Months. Days. If under 24 hrs. Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook.

10b. KIND OF BUSINESS OR INDUSTRY Domestic

11. BIRTHPLACE (State or foreign country) Lawrenceville, Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Wm Harrison

14. MOTHER'S MAIDEN NAME Henrietta Jackson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT Robt. L. Harrison

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary artery Disease — Interval between onset and death: 20 min

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None.

19b. MAJOR FINDINGS OF OPERATION None

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) No.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY None (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) None m.

INJURY OCCURRED Whila at Work ☐ Not Whila At work ☐

HOW DID INJURY OCCUR? None.

22. I hereby certify that I attended the deceased from Feb 2, 1949, to Feb 2, 1949, that I last saw the deceased ~~alive~~ dead on 2-2, 1949, and that death occurred at 5:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

D. D. Caplan, M.D. Med Exam. Reisterstown Feb 3'49 Md

23. BURIAL, CREMATION, REMOVAL (Specify) DATE 2/7/1949 NAME OF CEMETERY OR CREMATORY Mt Calvary LOCATION (City, town, or county) (State) B. C. Co

DATE REC'D BY LOCAL REG. 2/7/49 REGISTRAR'S SIGNATURE A.W. Roderick

24. FUNERAL DIRECTOR Rayner Sanders ADDRESS 1412 E. Preston St

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

902 3

01398

CERTIFICATE OF DEATH

186a

Reg. Dist. No. 31

1. PLACE OF DEATH COUNTY BALTO. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Randallstown — LENGTH OF STAY (in this place) 3 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Randallstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS None.	STREET ADDRESS (If rural, give location) Clifmar Rd.

3. NAME OF DECEASED (Type or Print)	(First) JOHN	(Middle) HENRY	(Last) HAUCK	4. DATE OF DEATH	(Month) Feb.	(Day) 3	(Year) 1949
5. SEX Male	6. COLOR OR RACE WHITE	7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) married	8. DATE OF BIRTH Jan 3, 1919	9. AGE last birthday 30 yrs.	If under 1 Months.	1 year Days 0	If under 24 hrs. Hours 0 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer	10b. KIND OF BUSINESS OR INDUSTRY Tunnel Construction	11. BIRTHPLACE (State or foreign country) Easton, Pa.	12. CITIZEN OF WHAT COUNTRY? W.S.				
13. FATHER'S NAME James E. Hauck.	14. MOTHER'S MAIDEN NAME Sadie Mae Znalauf						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes — (If year, give war or dates of service) World War II	16. SOCIAL SECURITY NO. 174-10-2418	17. INFORMANT Mary L. Hauck.					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) COMPOUND FRACTURE LEFT ARM; fracture right arm; crushed chest; compound fracture of face and skull; comp. frac. left leg and knee; fractured pelvis left. Fractured r leg and knee; laceration of scrotum and buttox; with protrusion of intestine.

Antecedent cause(s) (b)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. (COPIED FROM REVERSE SIDE)

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION None.	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify) accident	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Const. Job - Liberty Rd. - (CITY OR TOWN) Randallstown (COUNTY) Balto. (STATE) Md.	
TIME OF INJURY (Month) Feb (Day) 3 (Year) '49 (Hour) 4:30 p.m.	INJURY OCCURRED While at Work ☑ Not While At work ☐	HOW DID INJURY OCCUR? Cable broke on shaft basket + dropped them to the bottom.

22. I hereby certify that I attended the deceased from Feb 3, 1949, to Feb 3, 1949, that I last saw the deceased ~~alive~~ dead on Feb 3, 1949, and that death occurred at 4:30 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
D. D. Caples M.D.	Med. Exam.	Reisterstown, Md.	Feb 4 '49.

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2-5-'49	Mt. Olive, Randallstown	Randallstown, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/4/49	F. W. Hedrick DM	Frank H. Newell	

John H. Hauck

Immediate cause of Death:

Compound fracture of left arm
Fractured right arm
Crushed chest
Compound fracture of face and skull
Compound fracture of left leg and knee
Fractured pelvis-Left
Fractured right leg and knee
Laceration of scrotum and buttox with protrusion of intestines

Instant

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01399

420.0
93d

Reg. Dist. No. 44

1. PLACE OF DEATH COUNTY Balto. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgemere — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS 20 yrs.	STREET ADDRESS (If rural, give location) 7419 North Pt. Rd.

3. NAME OF DECEASED (Type or Print)	(First) Anna	(Middle) S	(Last) Hissey	4. DATE OF DEATH	(Month) Feb. (Day) 2 (Year) 1949
5. SEX Female	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH Jan. 29/1870	9. AGE last birthday 79 yrs.	If under 1 year Months 0 Days 5 — If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Baltimore	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Alexander Roberts		14. MOTHER'S MAIDEN NAME Mary E. Monroe			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Mr. Geo. A. Hissey			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Congestive Heart Disease — 30 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic heart disease — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1949, to Feb 2, 1949 that I last saw the deceased alive on Feb 2, 1949 and that death occurred at 9 30 p m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[signature]	M.D.	520 DSt	2-3-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 2/5/49	NAME OF CEMETERY OR CREMATORY Cedar Hill	LOCATION (City, town, or county) (State) Baltimore
DATE REC'D BY LOCAL REG. 2/3/49	REGISTRAR'S SIGNATURE A. W. Hedrick	24. FUNERAL DIRECTOR Philip Herwig Sons	ADDRESS 2024 Orleans St

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01400

4201

94a

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 39 Dunkirk Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural give location) 39 Dunkirk Rd.

3. NAME OF DECEASED (Typo or Print): (First) Wilbur (Middle) McKinley (Last) Holdman

4. DATE OF DEATH: (Month) Feb. (Day) 24 (Year) 1949

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married

8. DATE OF BIRTH: Jan. 8, 1903

9. AGE last birthday: 46 yrs. yrs. If under 1 year: Months Days If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): salesman

10b. KIND OF BUSINESS OR INDUSTRY: Wm. S. Scull Co.

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles H. Hoffman

14. MOTHER'S MAIDEN NAME: Florence Ingalls

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Helene M. Hoffman 39 Dunkirk Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Heartdisease, vascular, coronary occlusion — Interval between onset and death: Sudden

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Prior, 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 1:55 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Rollin C. Hudson M.D. D.M.E. Towson Md 2/24/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: 2/28/49
NAME OF CEMETERY OR CREMATORY: Western Cem.
LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REG. 2/25/49
REGISTRAR'S SIGNATURE: A. W. Hefner

24. FUNERAL DIRECTOR: WM. J. TICKNER & SONS
ADDRESS: Balto., Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 37

01401

EVIDENCE FOR CHANGE OF AGE SHOWN ON: FILM No. G 119 FEB 17 1949

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lutherville
LENGTH OF STAY (in this place): MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Burton Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lutherville
STREET ADDRESS (If rural, give location): Burton Avenue

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) Holliday (Last)

4. DATE OF DEATH: (Month) Feb. (Day) 5, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan. 31, 1867

9. AGE last birthday: ~~81~~ 82 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist

10b. KIND OF BUSINESS OR INDUSTRY: Mfg. Co.

11. BIRTHPLACE (State or foreign country): England

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service): No

16. SOCIAL SECURITY NO.: 220-05-8248

17. INFORMANT: Mrs. Annie L. Holliday

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Adenoma of Sigmoid	8 Mos.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Prostatic hypertrophy	Unk
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Dec 19, 1948
19b. MAJOR FINDINGS OF OPERATION: Adenoma of Sigmoid
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/8, 1948, to 2/5, 1949, that I last saw the deceased alive on 2/5, 1949 and that death occurred at 9:50 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Bennett A. Steen M.D. ADDRESS: Lutherville DATE SIGNED: 2/8/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: Feb. 8, 1949
NAME OF CEMETERY OR CREMATORY: Sater's Baptist Cemetery
LOCATION (City, town, or county) (State): Lutherville, Balto. Co., Md.

DATE REC'D BY LOCAL REG.: Feb. 8, 1949
REGISTRAR'S SIGNATURE: W. Carroll Van Horn Deputy Local Registrar

24. FUNERAL DIRECTOR: John Burns' Sons ADDRESS: Towson, Maryland

RECEIVED
FEB 14 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 405 Central Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural, give location) 405 Central Avenue

3. NAME OF DECEASED (Type or Print) (First) EMMA (Middle) KATE (Last) HOOK

4. DATE OF DEATH (Month) February (Day) 21, (Year) 1949

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH Aug. 25, 1885

9. AGE last birthday 63 yrs. If under 1 year Months. Days. If under 24 hrs. Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Graduate Nurse

10b. KIND OF BUSINESS OR INDUSTRY Un. of Md. Hosp.

11. BIRTHPLACE (State or foreign country) Towson, Maryland

12. CITIZEN OF WHAT COUNTRY USA

13. FATHER'S NAME George W. Hook

14. MOTHER'S MAIDEN NAME Sarah Herbert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Mrs. John S. Held

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Intestines. Uterus. Ovaries - general Metastases of whole abdominal viscera. — Interval between onset and death: 4 mos.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Dec. 1948.

19b. MAJOR FINDINGS OF OPERATION Extensive Carcinomatosis growth of viscera etc.

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF INJURY office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1948, to Feb. 21st, 1949, that I last saw the deceased alive on Feb. 20th, 1949, and that death occurred at ... m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Daniel J. St. Thos. Jenefa ADDRESS Towson 4, Md DATE SIGNED 7/22/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE Feb. 23, 1949 NAME OF CEMETERY OR CREMATORY Prospect Hill Cemetery LOCATION (City, town, or county) (State) Towson, Maryland

DATE REC'D BY LOCAL REG. 2-22-49 REGISTRAR'S SIGNATURE W. Carroll Dawson Deputy Local

24. FUNERAL DIRECTOR ADDRESS John Burns' Sons, Towson, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 3 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

BC 01403

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109

Reg. Dist. No. 30

1. PLACE OF DEATH COUNTY: Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Md. COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville — LENGTH OF STAY (in this place): 6 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Armacost Nursing Home 812 Regester Ave.	STREET ADDRESS (If rural, give location): 300 E. 33rd St.

3. NAME OF DECEASED (Type or Print)	(First) AURELIA	(Middle) BELT	(Last) HOW	4. DATE OF DEATH	(Month) Feb.	(Day) 10,	(Year) 1949
5. SEX: female	6. COLOR OR RACE: white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow	8. DATE OF BIRTH: Mar. 9, 1856	9. AGE last birthday: 92 yrs.	If under 1 year Months.	Days	If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): Baltimore	12. CITIZEN OF WHAT COUNTRY?				
13. FATHER'S NAME: - Belt	14. MOTHER'S MAIDEN NAME: -						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)	16. SOCIAL SECURITY NO.: no	17. INFORMANT: Mr. Harry B. How, Sr. 300 E. 33rd St.					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pneumonia (Virus) — 1 Week.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/5, 1949, to 2/9, 1949, that I last saw the deceased alive on 2/9, 1949, and that death occurred at 2:00 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): John S. Green Jr. M.D. — ADDRESS: Lawson-4-Md — DATE SIGNED: 2/11/49.

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: 2/12/49	NAME OF CEMETERY OR CREMATORY: Mt. Zion Cem.	LOCATION (City, town, or county) (State): Fulford, Md.
DATE REC'D BY LOCAL REG.: 2/11/49	REGISTRAR'S SIGNATURE: A.W. Hedrick	24. FUNERAL DIRECTOR: WM. J. TICKNER & SONS	ADDRESS: Balto., Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

331 01404

830

CERTIFICATE OF DEATH

Reg. Diat. No. 30

1. PLACE OF DEATH:
County Baltimore
City or town Catonsville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
Meyers Drive
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Baltimore
City or town Catonsville
(If outside city or town limits, write RURAL and give nearest town)
Street No. Meyers Drive
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME
Mary Hummel

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	W.	Widpw

6.(b) Name of husband or wife: Late Henry J. Hummel
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Abt. 1866

8. AGE: Years	Months	Days	If less than one day
83			..... hrs. ..... min.

9. Birthplace: Md.
(Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business

FATHER
12. Name: Joseph Blums
13. Birthplace: Catonsville, Md.

MOTHER
14. Maiden name: Anna Catharine Hak.
15. Birthplace: Germany

16. Informant: Mr. Robt Barber
Address 5940 Hilltop Ave. Catonsville

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 14/49 (month) (day) (year)
Cemetery or crematory New Cathedral
Location 4300 Old Frederick Rd.
18. Funeral director Harry H. Nitzsche
Address 4101 Edmondson Ave.

19. 2-14 1949 (Date rec'd by registrar) VE Harry Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 11/49 19..... at ..... M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 5, 1949 19..... to Feb. 5 19 49 and that I last saw h... her alive on Feb. 5 19 49

Immediate cause of death	Cerebral hemorrhage	DURATION 6 days
Due to	Arteriosclerosis	
Due to		
Other conditions	Senility	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, Industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Robert C. Kimberly M.D.
M. D. or other
Address 802 Cathedral St. Robert C. Kimberly M.D. Date signed 7/12/1949

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1949
83
1866

RECEIVED
FEB 15 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

422.1 C1405
93d

Reg. Dist. No. 35

M

1. PLACE OF DEATH:
County Baltimore
City or town Maryland Line
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 13 yrs.
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Baltimore
City or town Maryland Line
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Minerva Hunt.

3.(b) Social Security Number

4. Sex: Female | 5. Color or race: White | 6.(a) Single, married, widowed, or divorced: Single

6.(b) Name of husband or wife

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): March 10, 1864

8. AGE: Years: 84 | Months: 11 | Days: 13 | If less than one day: hrs. min.

9. Birthplace: Balto. Co. Md. (Town, county, and state)

10. Usual occupation: Retired.

11. Industry or business

FATHER
12. Name: Francis Hunt.
13. Birthplace: Penna.

MOTHER
14. Maiden name: Sistina Bressler
15. Birthplace: Penna.

16. Informant: C. Walter Hunt.
Address: Maryland Line, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Febr. 26 1949 (month) (day) (year)
Cemetery or crematory: Middletown Cem.
Location: Freeland, Md.

18. Funeral director: Jacob Harlenplein
Address: New Freedom, Pa.

19. 3/24 1949 (Date rec'd by registrar) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 23, 1949 at 1 P M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 1940 to Feb. 23 1949
and that I last saw h... alive on Feb. 22 1949

Immediate cause of death: Chronic Myocarditis — DURATION

Due to:

Due to:

Other conditions: Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: A. M. France M. D. or other
Address: Parkton, Md. Date signed: 3/25/49

I

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully, the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

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RECEIVED
MAR 5 1949
BUREAU U. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore 1997.8

CERTIFICATE OF DEATH 55e

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt. Washington
LENGTH OF STAY (in this place): 40 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt. Washington
STREET ADDRESS (If rural give location): 6092 ½ Falls Road

3. NAME OF DECEASED (Type or Print): (First) August (Middle) William (Last) Imhoff

4. DATE OF DEATH: (Month) February (Day) 2, (Year) 19 49

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: April 30, 1894

9. AGE last birthday: 54 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Imhoff

14. MOTHER'S MAIDEN NAME: Susanna Hudson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: 213-12-4143

17. INFORMANT: Mrs. Mary A. Imhoff 6092 ½ Falls Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma, general metastasis spine and abdomen

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last: (b) origin undetermined. Cachexia (c)

INTERVAL BETWEEN ONSET AND DEATH: 1 yr +

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 2 30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Collin C. Hudson M.D. D.M.E. ADDRESS: Towson Md DATE SIGNED: 2/2/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: Feb. 4, 1949
NAME OF CEMETERY OR CREMATORY: Mt. Zion
LOCATION (City, town, or county) (State): Freelands, Balto. Co. Md

DATE REC'D BY LOCAL REG. 2/3/49
REGISTRAR'S SIGNATURE: H. W. Hedrick Dep.

24. FUNERAL DIRECTOR: Burgee Funeral Home ADDRESS: 3631 Falls Road

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson
LENGTH OF STAY (in this place): 40 years.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson
STREET ADDRESS (If rural give location): York Road & Susquehanna Ave.

3. NAME OF DECEASED (Type or Print): (First) Amy (Middle) Phillips (Last) Isaac

4. DATE OF DEATH: (Month) Feb. (Day) 1 (Year) 1949.

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: July-20-1860

9. AGE last birthday: 88 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: William Moore Isaac

14. MOTHER'S MAIDEN NAME: Eleanor Phillips

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service): -

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mr. Edw. B. Passano 3925 Linkwood Av. City #10

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a): Arteriosclerotic Heart Disease

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b):

(c):

INTERVAL BETWEEN ONSET AND DEATH: ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: No operation

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1945, to 2/1, 1949, that I last saw the deceased alive on 2/1/49, 19....., and that death occurred at 9:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Zach. R. Morgan M.D. 16-E Eager St Balto. #2 2/2/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: Feb 3/49
NAME OF CEMETERY OR CREMATORY: Druid Ridge
LOCATION (City, town, or county) (State): Pikesville, Md.

DATE REC'D BY LOCAL REG. 2/2/49
REGISTRAR'S SIGNATURE: A. W. Hedrick DR.

24. FUNERAL DIRECTOR: Stewart & Mowbray Company
ADDRESS: 108 W. North Ave. Balto. #1, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

334 108 01408 Reg. Dist. No. 21

1. PLACE OF DEATH:
County Baltimore
City or town Sunners Station
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Five years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Baltimore
City or town Sunners Sta.
(If outside city or town limits, write RURAL and give nearest town)
Street No. 112 Sollers Point Pl. Sundalk 22
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Carl C. Jackson

3.(b) Social Security Number 213-22-0384.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	Col	Married

6.(b) Name of husband or wife Anna Louise Jackson
6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/25/96

8. AGE: Years	Months	Days	If less than one day
53			hrs. min.

9. Birthplace Bordentown N J (Town, county, and state)
10. Usual occupation Laborer
11. Industry or business

FATHER
12. Name Unk
13. Birthplace Unk.

MOTHER
14. Maiden name Unk
15. Birthplace Unk.

16. Informant Mrs. Anna Louise Jackson
Address 112 Sollers Pt. Rd.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 2/9/49 (month) (day) (year)
Cemetery or crematory Mt. Calvary
Location Baltimore

18. Funeral director Eugene H. Mayo
Address 825 Harlem ave

19. Feb. 8 1949 (Date rec'd by registrar) C.W. Hedrick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 6th 1949 at 7:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 5th 1949 to February 5th 1949; and that I last saw him alive on February 5th 1949

Immediate cause of death	DURATION
Lobar Pneumonia	Jan. 5 - 49
Due to Cerebral Apoplexy	since 2/6 -
Due to Hypertension	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE W. E. Thomas M.D.
M. D. or other
Address Sunners Sta. Md. Date signed 2-5-49

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

01409

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
   LENGTH OF STAY (in this place) 7 mos. 17 days
   HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
   STREET ADDRESS (If rural give location) 604 N. Dukeland St.

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) C. (Last) JACKSON

4. DATE OF DEATH: (Month) February (Day) 10, (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: April 13, 1876

9. AGE last birthday: 72 yrs. If under 1 year: Months 9 Days 29 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ? McGinn

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Hospital Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Arteriosclerotic heart disease	indefinite
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic cardiovascular disease	"
	(c) Decubitus	3 weeks

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 24, 1948, to Feb. 10, 1949, that I last saw the deceased alive on Feb. 10, 1949, and that death occurred at ..... a.m., from the causes and on the date stated above.

SIGNATURE Burial — Doctor Tuerk M.D. (Degree or title) — ADDRESS Isadore Tuerk, M.D. — Catonsville 28, Md. — DATE SIGNED 2/10/1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE Feb. 14, 1949 — NAME OF CEMETERY OR CREMATORY New Cathedral — LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REG. 2/14/49 — REGISTRAR'S SIGNATURE V.E. Harry

24. FUNERAL DIRECTOR Harry H. Witzke — ADDRESS 4101 Edmondson Ave

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FEB 15 1949
BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. XX

1. PLACE OF DEATH: COUNTY BALTO. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY BALTO
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN EDGEMERE — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN EDGEMERE - RURAL
HOSPITAL OR INSTITUTION OR STREET ADDRESS POKE'S LANE	STREET ADDRESS (If rural give location) POKE'S LANE

3. NAME OF DECEASED (Type or Print)	(First) DORIS	(Middle)	(Last) JOHNSON	4. DATE OF DEATH	(Month) FEB	(Day) 1	(Year) 1949
5. SEX F	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE	8. DATE OF BIRTH NOV. 1, 1945	9. AGE last birthday 3 YRS yrs.	If under 1 year Months	Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE	10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (State or foreign country) MARYLAND	12. CITIZEN OF WHAT COUNTRY? U.S.				
13. FATHER'S NAME ROBERT UNDERWOOD	14. MOTHER'S MAIDEN NAME THELMA JOHNSON						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT THELMA JOHNSON, EDGEMERE, MD.					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Shock due to 3rd degree burns of entire body — 1 HR

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home	(CITY OR TOWN) Edgemere - 19	(COUNTY) Balto (STATE) Md
TIME OF INJURY (Month) Feb (Day) 1 (Year) 49 (Hour) 5 a.m.	INJURY OCCURRED While at Work ☐ Not While At work ☑	HOW DID INJURY OCCUR? Burned in home	

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 6:20 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J. N. B. Davis MD	Dep. Med. Exam	Dundalk - Baltimore Md	2/3/49

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL	DATE 2/4/49	NAME OF CEMETERY OR CREMATORY MT. CALVARY	LOCATION (City, town, or county) BROOKLYN	(State) MD.
DATE REC'D BY LOCAL REG. 2/4/49	REGISTRAR'S SIGNATURE F. W. Hedrick Dm	24. FUNERAL DIRECTOR ELROY O. WILSON	ADDRESS 1000 BRANTLY AVE.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

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Reg. Dist. No. 43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Baltimore Md; LENGTH OF STAY (in this place) all life; HOSPITAL OR INSTITUTION OR STREET ADDRESS Ridge Road Bargebury.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Balto.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bargebury; STREET ADDRESS (If rural give location) 292 Ridge Rd

3. NAME OF DECEASED (Type or Print): (First) HENRY (Middle) C (Last) JOHNSON

4. DATE OF DEATH: (Month) (Day) (Year) 15th Feb 1949

5. SEX: M.

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M.

8. DATE OF BIRTH: 5-16-1874

9. AGE last birthday: 74 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): VA.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ?

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: LAURA JOHNSON

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Carcinomatosis, generalized	1 year?
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Adenocarcinoma of the prostate	3 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized arteriosclerosis; cachexia —

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 12, 1948, to Feb 15, 1949, that I last saw the deceased alive on Feb 10, 1949, and that death occurred at 6 a.m., from the causes and on the date stated above.

SIGNATURE: W.R. Fuller (Degree or title) MD ADDRESS: Ridge Rd., Baltimore Md DATE SIGNED: 2/15/49

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL DATE: 2-17-49 NAME OF CEMETERY OR CREMATORY: Putty Hill LOCATION (City, town, or county) (State): FULLERTON, Md

DATE REC'D BY LOCAL REG.: 2/17/49 REGISTRAR'S SIGNATURE: R.W. Hedrick

24. FUNERAL DIRECTOR: Joseph E. Locks, Jr. ADDRESS: 1304 N. Central Ave

VS. A15

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

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CERTIFICATE OF DEATH

181 Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY BALTO. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN EDGEMERE
LENGTH OF STAY (in this place) LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS POKE'S LANE

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN EDGE MERE - RURAL
STREET ADDRESS (If rural give location) POKE'S LANE

3. NAME OF DECEASED (Type or Print) (First) RACHAEL (Middle) (Last) JOHNSON

4. DATE OF DEATH (Month) FEB (Day) 1 (Year) 1949

5. SEX F
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED
8. DATE OF BIRTH SEPT. 1, 1876
9. AGE last birthday 72 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) VIRGINIA
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME CHARLES WOMACK
14. MOTHER'S MAIDEN NAME AGNES CARY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO. (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT WM. M. JOHNSON, 19 COTTAGE AVE.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Shock due to 3rd° Burns of entire Body — INTERVAL BETWEEN ONSET AND DEATH 1 hr.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
(CITY OR TOWN) Edgemere-19 (COUNTY) Balto. (STATE) Md
TIME OF INJURY (Month) 2 (Day) 1 (Year) 49 (Hour) 59 m.
INJURY OCCURRED While at Work ☐ Not While At work ☑
HOW DID INJURY OCCUR? Burned to death in home

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 6:20 a m., from the causes and on the date stated above.

SIGNATURE M B Davis Md (Degree or title) Dep Med Exam. ADDRESS Dundalk-vv-Balto Co Md DATE SIGNED 2/3/49

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE 2/4/49
NAME OF CEMETERY OR CREMATORY MT. CALVARY
LOCATION (City, town, or county) BROOKLYN (State) MD.

DATE REC'D BY LOCAL REG. 2/4/49
REGISTRAR'S SIGNATURE A W. Heduck Dm
24. FUNERAL DIRECTOR ELROY O. WILSON ADDRESS 1000 BRANTLY AVE.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 35

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hereford (Rural) LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS York Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marlton P.O. (Rural)
STREET ADDRESS (If rural give location) Hereford (Feb 1, 1949)

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Clarence (Last) Johnson
4. DATE OF DEATH (Month) Mar. (Day) 8 (Year) 1949
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Mar. 8, 1872
9. AGE last birthday 76 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming & Carpenter
10b. KIND OF BUSINESS OR INDUSTRY Self employed
11. BIRTHPLACE (State or foreign country) Mt Carmel Balto Co, Md
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME George F. Johnson
14. MOTHER'S MAIDEN NAME Sarah Tracey
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Roland H. Johnson 2605 Taylor, Balto. 14

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Instant

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Heart Disease — 2 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None — —

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 5, 1947, to Feb. 1, 1949, that I last saw the deceased alive on Feb. 1, 1949, and that death occurred at 6:30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert H Liver M.D. ADDRESS Calvert & 30th St DATE SIGNED 2-1-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Feb. 4, 1949
NAME OF CEMETERY OR CREMATORY Mt. Carmel
LOCATION (City, town, or county) (State) Balto. Co., Md

DATE REC'D BY LOCAL REG. Feb. 4-49
REGISTRAR'S SIGNATURE Mrs Howard S. Markline
24. FUNERAL DIRECTOR Landon M. Brooks ADDRESS (Sparks Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (in this place) 1 mo. 2 das.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Whitehouse Heights
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital	STREET ADDRESS (If rural give location) ?

3. NAME OF DECEASED (Type or Print) (First) Mary	(Middle) E.	(Last) Jones	4. DATE OF DEATH (Month) 2 -	(Day) 13 -	(Year) 1949	
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed	8. DATE OF BIRTH 7-22-1864	9. AGE last birthday 84 yrs.	If under 1 year Months 6 Days 22	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY home	11. BIRTHPLACE (State or foreign country) Pennsylvania	12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME ? Zahnheiser		14. MOTHER'S MAIDEN NAME ?				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT 1305 Hamilton St., NW, Wash., D.C.				

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of the rectum — indefinite

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Lower dorsal kyphosis — "

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 2-8-49	19b. MAJOR FINDINGS OF OPERATION Colostomy	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-11, 1949, to 2-13, 1949, that I last saw the deceased alive on 2-13, 1949, and that death occurred at 11:05 p.m., from the causes and on the date stated above.

SIGNATURE Isadore Tuerk, M.D. (Degree or title) ADDRESS Catonsville-28, Md. DATE SIGNED 2-14-49

Isadore Tuerk, M.D., Clinical Director, Spring Grove Hospital,

23. BURIAL, CREMATION REMOVAL (Specify) Removal	DATE 14 Feb 1949	NAME OF CEMETERY OR CREMATORY Bladensburg Md	LOCATION (City, town, or county) Bladensburg Md. (State)
DATE REC'D BY LOCAL REG. 2/14/49	REGISTRAR'S SIGNATURE V.E. Harry	24. FUNERAL DIRECTOR J. Gasch's Sons	ADDRESS Hyattsville Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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EVIDENCE FOR CHANGE + ADDITION # 18 IS ON.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Texas
LENGTH OF STAY (in this place): 11yr. 9mo. 16d.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Baltimore County Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Overlea
STREET ADDRESS (If rural, give location): 12 E. Maple ave

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) (Last) Jones

4. DATE OF DEATH: (Month) 2 (Day) 20 (Year) 1949

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 1/5/72

9. AGE last birthday: 77 yrs.
If under 1 year: Months 1 — Days 13 — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Harford Co Maryland

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Jacob R Jones

14. MOTHER'S MAIDEN NAME: Susanna Herman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: John Jones 12 E. Maple ave Overlea Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
Immediate cause	(a)	Chronic Nephritis (Coma) 24 hrs	3 yrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	II Paresis, senile (3/28/49 abs)	5 yrs.
	(c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐:

HOW DID INJURY OCCUR?:

22. I hereby certify that I attended the deceased from May 10, 1937, to 2/20, 1949, that I last saw the deceased alive on 2/18, 1949, and that death occurred at 6 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Wilmer C. Ensor M.D — ADDRESS: Cockeysville Md — DATE SIGNED: 2/20/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — **DATE THEREOF**: 2/23/49 — **NAME OF CEMETERY OR CREMATORY**: Fork Methodist — **LOCATION (City, town, or county) (State)**: Balto Co Md.

DATE REC'D BY LOCAL REG.: 2/20/49 — **REGISTRAR'S SIGNATURE**: Wm J. Chilcoat

24. FUNERAL DIRECTOR — ADDRESS: Lassahn Funeral Home 7401 Belair Rd.

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BUREAU V. S.

01416

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

850.8

EVIDENCE FOR CHANGE OF AGE IS ON: FILM II G119-4-5-49

CERTIFICATE OF DEATH

183 Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bowleys Quarters — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bowleys Quarters
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location) Route 15 Box 178 Balto 20, Md.

3. NAME OF DECEASED (Type or Print): (First) James (Middle) George (Last) Knight

4. DATE OF DEATH: (Month) Feb. (Day) 6 (Year) 1949

5. SEX: M

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Feb. 11-1921

9. AGE last birthday: 27 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Elec. Helper

10b. KIND OF BUSINESS OR INDUSTRY: Rever. Copper.

11. BIRTHPLACE (State or foreign country): Balto., Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James Knight

14. MOTHER'S MAIDEN NAME: Mary Feldman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) #2 (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: 219-05-4839

17. INFORMANT: Mr. James Knight (Father)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

850.8 Immediate cause (a) Drowning

Antecedent cause(s)

183 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Seneca Creek (CITY OR TOWN) Middle River-20 (COUNTY) Balto- (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): 2-6-49 11:35 a.m.

INJURY OCCURRED While at Work ☐ Not While At work ☑

HOW DID INJURY OCCUR? Fire cut hole in Boat -

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 4:00 P. m., from the causes and on the date stated above.

SIGNATURE: W B Davis M D (Degree or title) Dept Med. Exam. — ADDRESS: Dundalk-22 Md — DATE SIGNED: 2/6/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: Feb. 9-1949

NAME OF CEMETERY OR CREMATORY: Oak Lawn

LOCATION (City, town, or county): Balto. (State) Md

DATE REC'D BY LOCAL REG.: Feb. 7-49

REGISTRAR'S SIGNATURE: John G. Connelly

24. FUNERAL DIRECTOR: John G. Connelly — ADDRESS: 418 Eastern Ave Balto 21, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01417

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt. Wilson
LENGTH OF STAY (in this place): 9 yrs, 6 mos, 15 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Mt. Wilson San.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis, RFD 3
STREET ADDRESS (If rural, give location): Box 488

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Mary	R.	Kolbe	Feb. 16, 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widow	8/12/1876	72 yrs.	6	4		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Seamstress		Mitchellville, Md.	U.S.

13. FATHER'S NAME: William F. Beall

14. MOTHER'S MAIDEN NAME: Alice DeVaughn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
	None	Mrs. Mary R. Kolbe

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Tuberculosis	36 yrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Mitral Stenosis	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 8/1, 19 39, to 2/16, 1949, that I last saw the deceased alive on 2/16, 1949, and that death occurred at 3:25 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Stewart S. Shaffer	M.D.	Mt. Wilson, Md.	2/16/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2/19/49	Forestville Cemetery	Forestville, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/16/49	Helen R. Mayer	Daniel Newell,	Pikesville, Md.

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FEB 22 1949
BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 34

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Becklynville (Rural) — LENGTH OF STAY (in this place) 40 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Becklynville (Rural)
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) J G (Last) LAMBERT

4. DATE OF DEATH: (Month) Feb (Day) 28 (Year) 1949

5. SEX M | 6. COLOR OR RACE W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M | 8. DATE OF BIRTH Nov 23/1881 | 9. AGE last birthday 67 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | 10b. KIND OF BUSINESS OR INDUSTRY Farm | 11. BIRTHPLACE (State or foreign country) Maryland | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Isaac H Lambert | 14. MOTHER'S MAIDEN NAME Sarah H. R. Stiffler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT Mrs Susie Lambert X

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval between onset and death: 24 hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Arteriosclerotic Cardiovascular Disease — Many years
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 27, 1949, to Feb 28, 1949, that I last saw the deceased alive on Feb 27, 1949 and that death occurred at 4 a. m., from the causes and on the date stated above.

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED
Edgar M. Rush | M.D. | Hampstead Md

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE Mar 2/49 | NAME OF CEMETERY OR CREMATORY Grave Run | LOCATION (City, town, or county) Balto Co (State) Md

DATE REC'D BY LOCAL REG. 2-28-49 | REGISTRAR'S SIGNATURE Mary B. Eline. | 24. FUNERAL DIRECTOR Edw C Tipton | ADDRESS Hampstead Md

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JUN 3 1949
BUREAU V. R.

01419

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

443
92 b

CERTIFICATE OF DEATH

Reg. Dist. No. 32-38

1. PLACE OF DEATH: COUNTY Balto. MARYLAND Md	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooklanville — LENGTH OF STAY (in this place) 30 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooklanville
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural give location) Valley Rd.

3. NAME OF DECEASED (Type or Print) (First) Harry	(Middle) Wesley	(Last) Ledley	4. DATE OF DEATH (Month) 2	(Day) 28	(Year) 1949
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 10-18-1872	9. AGE last birthday 76 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) gardner	10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (State or foreign country) Balto. City, Md.	12. CITIZEN OF WHAT COUNTRY U.S.A.		
13. FATHER'S NAME Daniel Ledley		14. MOTHER'S MAIDEN NAME ~~unknown~~ Jane Purple			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 212-14-3305	17. INFORMANT Mrs. Harry W. Ledley			

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Heart disease, chronic, mitral valvular with myocarditis decompensated	4 yrs +
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	Unknown
	(c) Arteriosclerosis	Unknown
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Bronchitis, chronic	4 yrs ±

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Jan, 1935, to Feb 28, 1949, that I last saw the deceased alive on Feb 21, 1949, and that death occurred at 11 30 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Rollin C. Hudson	MD.	Towson Md	3/1/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 3-3-49	NAME OF CEMETERY OR CREMATORY Grace Methodist	LOCATION (City, town, or county) (State) Cockeysville, Md
DATE REC'D BY LOCAL REG. Mar. 2-1949	REGISTRAR'S SIGNATURE W Carroll Van Horn	24. FUNERAL DIRECTOR F. Scott Brooks	ADDRESS Sparks, Md.

Dep. Local (Rec'd 3-3-49 - Dr E E Nichols

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 5 1949
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

916.0 01420

CERTIFICATE OF DEATH

181 Reg. Dist. No. XX

1. PLACE OF DEATH: COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN EDGEMERE
LENGTH OF STAY (in this place) LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS POKE'S LANE

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY BALTO
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN EDGEMERE MD.
STREET ADDRESS (If rural give location) POKES LANE

3. NAME OF DECEASED (Type or Print) (First) RAYMOND (Middle) (Last) LEE JR.
4. DATE OF DEATH (Month) FEB (Day) 1 (Year) 1949

5. SEX M
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE
8. DATE OF BIRTH 1/21/41
9. AGE last birthday 8 yrs. If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE
10b. KIND OF BUSINESS OR INDUSTRY NONE
11. BIRTHPLACE (State or foreign country) MARYLAND
12. CITIZEN OF WHAT COUNTRY? —

13. FATHER'S NAME RAYMOND LEE
14. MOTHER'S MAIDEN NAME PEARL —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If year, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT ELIZA JOHNSON

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Shock due to 3rd° Burns Entire Body — 1 hr.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home (CITY OR TOWN) Edgemere (COUNTY) Balto (STATE) Md
TIME OF INJURY (Month) 2 (Day) 1 (Year) 49 (Hour) 5 a.m.
INJURY OCCURRED While at Work ☐ Not While At work ☑
HOW DID INJURY OCCUR? Burned in home —

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 6 a.m., from the causes and on the date stated above.

SIGNATURE W B Davis MD (Degree or title) Dep Med. Exam — ADDRESS Dundalk - Balto Co Md — DATE SIGNED 2/3/49

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE 2/4/49
NAME OF CEMETERY OR CREMATORY MT CALVARY
LOCATION (City, town, or county) BROOKLYN (State) MD.

DATE REC'D BY LOCAL REG. 2/4/49
REGISTRAR'S SIGNATURE A. W. Hedrick Dep
24. FUNERAL DIRECTOR ELROY O. WILSON ADDRESS 1000 BRANTLY AVE.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

420.1 940a

01421

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH:
County: Baltimore
City or town: Catonsville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred: 641 Orpington Rd.
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Baltimore
City or town: Catonsville
(If outside city or town limits, write RURAL and give nearest town)
Street No.: 641 Orpington Rd.
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: Elizabeth S. Leroy

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6.(b) Name of husband or wife: late George Leroy
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Dec. 13, 1883

8. AGE: Years	Months	Days	If less than one day
65	1	27	hrs. min.

9. Birthplace: Baltimore, Md.
(Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business

FATHER
12. Name: Michael Schaefer
13. Birthplace: Germany

MOTHER
14. Maiden name: Elizabeth Wagner
15. Birthplace: Unknown

16. Informant: Mrs. Bradley T. Mettee, Jr.
Address: 641 Orpington Rd.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb. 14/49 (month) (day) (year)
Cemetery or crematory: Western
Location: Longwood & Edmondson Ave.

18. Funeral director: Harry E. Wittle
Address: 4101 Edmondson Ave.

19. 2/14 19 49 (Date rec'd by registrar) W. E. Harry Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb. 10/49. 19 at 11:30 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 19 47 to Feb. 10 19 49 and that I last saw h. C.R. alive on Feb. 10 19 49

	DURATION
Immediate cause of death: Coronary Occlusion	Oct 47
Due to: Arteriosclerosis	?
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operation: Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: J. B. Van Schaick Jr. M. D. or other
Address: 4818 Edmondson Ave. Date signed: 2-11-49

RECEIVED
FEB 15 1949
BUREAU V. S.

CERTIFICATE OF DEATH

Registered No. 422.1 131 01422

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Stella M. Logan

2. DATE OF DEATH: Feb. 7, 1949

3. PLACE OF DEATH: A. Baltimore City, Maryland 707 Murdock Road

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

C. Length of stay in Baltimore Life Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Baltimore B. COUNTY Co. Md

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore

D. STREET ADDRESS (If rural, give location) 707 Murdock Road

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Jan. 5, 1872

9. AGE (In years last birthday): 77 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Book keeper

10B. KIND OF BUSINESS OR INDUSTRY: Lithographer

11. BIRTHPLACE (State or foreign country): Baltimore

12. CITIZEN OF WHAT COUNTRY? U. S

13. FATHER'S NAME: John B. Logan

14. MOTHER'S MAIDEN NAME: Mary C. O'Neill

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 215-10-0015

17. INFORMANT: Gertrude Logan ADDRESS: 707 Murdock Raod

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Chronic Glomerular Nephritis

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) Arteriosclerosis

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Chronic Myocarditis

19A. DATE OF OPERATION —

19B. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 10, 1946, *to* Feb 7, 1949 *that I last saw the deceased alive on* Feb 7, 1949, *and that death occurred at* 10 A. *m., from the causes and on the date stated above.*

23A. SIGNATURE: Laurence C. Posh M.D. M. D.

23B. ADDRESS: 6805 York Rd

23C. DATE SIGNED: 2/8/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: Feb. 13/49

24C. NAME OF CEMETERY OR CREMATORY: Cathedral

24D. LOCATION (City, town, or county) (State): Baltimore

DATE RECEIVED BY LOCAL REGISTRAR: FEB 9 1949

REGISTRAR'S SIGNATURE: Huntington Williams M.D.

25. FUNERAL DIRECTOR: Rita Wiedefeld ADDRESS: 900 East Biddle St

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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01423

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

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61

CERTIFICATE OF DEATH

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Owings Mills
LENGTH OF STAY (in this place): 25 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. — COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Owings Mills
STREET ADDRESS (If rural, give location): Academy Ave.

3. NAME OF DECEASED (Type or Print): (First) Charles Albert (Middle) (Last) Long Sr.

4. DATE OF DEATH: (Month) Feb. (Day) 5, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 22, 1879

9. AGE last birthday: 69 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Blacksmith

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Balto.Co.

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: George Long

14. MOTHER'S MAIDEN NAME: Mary Lapus

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT: Mrs. Laura E. Long (MRS. LAURA E. LONG)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Myocarditis - chronic	about past 3 Mos
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) arteriosclerosis - general	years
	(c) Diabetes - mellitus	years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-4-8, 19—, to 2-5-, 1949, that I last saw the deceased alive on 2-5-, 1949, and that death occurred at 10:15 PM m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James L. Lasell	M.D.	Reisterstown, Md	2-7-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb. 9, 1949	Jessup M.E. Cockeysville	Balto.Co. Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2-7-49	Mary B. Elline.	J.F. Elline Sons	Reisterstown, Md.

RECEIVED
FEB 8 1949
BUREAU V. S.

RECEIVED
FEB 8 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

422.1 01424

CERTIFICATE OF DEATH

131b Reg. Dist. No. 37

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville
LENGTH OF STAY (in this place) 70 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ivy Hill Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville
STREET ADDRESS (If rural, give location) Ivy Hill Rd

3. NAME OF DECEASED (Type or Print) (First) Rosella (Middle) Woebman (Last) Long

4. DATE OF DEATH (Month) 2 (Day) 23 (Year) 1949

5. SEX F

6. COLOR OR RACE W

7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify)

8. DATE OF BIRTH 11-14-1868

9. AGE last birthday 80 yrs. If under 1 year Months 3 Days 9 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY home

11. BIRTHPLACE (State or foreign country) Loudon Co., Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George Woebman

14. MOTHER'S MAIDEN NAME Molly Kane

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT Mrs. Eliz. Gartling

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH 3 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Nephritis - chronic arteriosclerotic (years)

(c) Myocarditis - chronic decompensating

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION none

19b. MAJOR FINDINGS OF OPERATION ✓

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) ✓

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ✓ (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) ✓ m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? ✓

22. I hereby certify that I attended the deceased from 1-1-, 1938, to 2-23-, 1949, that I last saw the deceased alive on 2-23-, 1949, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

SIGNATURE James G. Saffell (Degree or title) ADDRESS Reisterstown Md DATE SIGNED 2-23-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE 2-26-49 NAME OF CEMETERY OR CREMATORY Grace LOCATION (City, town, or county) (State) Falls Rd., Cockeysville, Md

DATE REC'D BY LOCAL REG. Feb 25 1949 REGISTRAR'S SIGNATURE Wilmer C. Ensor

24. FUNERAL DIRECTOR Landon M. Brooks ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 28 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

01425

2411 N. Charles Street, Baltimore

743

CERTIFICATE OF DEATH

136

Reg. Dist. No. 30

1. PLACE OF DEATH
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (in this place): 1 yr. 5 mths, 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Prince George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Brentwood
STREET ADDRESS (If rural give location): 4506 38th Street

3. NAME OF DECEASED (Type or Print): (First) JOSEPH (Middle) (Last) McNAMARA

4. DATE OF DEATH: (Month) February (Day) 14, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: November 15, 1905

9. AGE last birthday: 43 yrs. If under 1 year: Months 2 Days 30 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer

10b. KIND OF BUSINESS OR INDUSTRY: Construction

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Denis McNamara

14. MOTHER'S MAIDEN NAME: Katherine Lynch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Subarachnoid hemorrhage - undiagnosed [4/5/49 atic]	36 hours
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Subdeltoid abscess, right, undiagnosed	1 week
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Right apical and lower lobe caseous, calcific pulmonary tuberculosis, minimal — Indefinite

19a. DATE OF OPERATION: Feb. 13, 1949

19b. MAJOR FINDINGS OF OPERATION: Incision and drainage of subdeltoid abscess

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 4, 1947, to Feb. 14, 1949, that I last saw the deceased alive on Feb. 14, 1949, and that death occurred at 12:48 p.m., from the causes and on the date stated above.

SIGNATURE: Isadore Tuerk M.D. (Degree or title) ADDRESS: Catonsville 28, Maryland DATE SIGNED: 2/14/1949

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: 2/17/49 | NAME OF CEMETERY OR CREMATORY: Ft. Lincoln | LOCATION (City, town, or county) (State): Maryland

DATE REC'D BY LOCAL REG. 2/15/49 | REGISTRAR'S SIGNATURE: V E Harry

24. FUNERAL DIRECTOR: Francis Hollins | ADDRESS: 3821-14 & St. N.W. Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 17 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

442 Bc 01426

CERTIFICATE OF DEATH

1310

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard — LENGTH OF STAY (in this place) 223 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets. Adm. Hosp. Ft. Howard, Md.	STREET ADDRESS (If rural, give location) 2452 McCulloh St.

3. NAME OF DECEASED (Type or Print)	(First) THOMAS	(Middle) R.	(Last) MARSHALL	4. DATE OF DEATH	(Month) Feb.	(Day) 16	(Year) 1949
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower	8. DATE OF BIRTH 8-7-94	9. AGE last birthday 55 yrs.	If under 1 year Months.	Days	If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Baltimore, Md.	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Thorney Marshall (dec.)		14. MOTHER'S MAIDEN NAME Annie Milligan (dec.)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) WW-I	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT Clin.Rec.Vets. Adm.Hosp., Ft.Howard, Md.	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) HYPERTENSIVE CARDIO-VASCULAR DISEASE WITH DECOMPENSATION.	1½ yrs
Antecedent cause(s)	(b) Arteriosclerotic Nephrosclerosis	1½ yrs
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Hypertrophic Spondylitis, lumbar Spine.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Hypertrophic Arthritis, Sacro-iliac Joints	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-8, 1948, to 2-16, 1949, that I last saw the deceased alive on 2-16, 1949, and that death occurred at 11:40 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
A.C. Newnam, M.D. A.C. NEWNAM, M.D.		VAH, Fort Howard, Md.	

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 2/19/1949	NAME OF CEMETERY OR CREMATORY Mt. Auburn	LOCATION (City, town, or county) (State) Baltimore, Md.
DATE REC'D BY LOCAL REG. 2/18/49	REGISTRAR'S SIGNATURE H.W. Hedrick	24. FUNERAL DIRECTOR Mrs. G.H. Holland	ADDRESS Druid Hill Ave 1631

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01427

592 Bc

131 b

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft. Howard, LENGTH OF STAY (in this place) 44 Days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets. Adm. Hosp., Ft. Howard, Md.	STREET ADDRESS (If rural, give location) 4052 Hickory Ave. ✓

3. NAME OF DECEASED (Type or Print)	(First) EARL	(Middle) H.	(Last) MATTHEWS SR.	4. DATE OF DEATH	(Month) FEB.	(Day) 2,	(Year) 1949
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 7-9-98	9. AGE last birthday 50 yrs.	If under 1 year Months. Days	If under 24 hrs. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Worked in Hotel and Care Taker	10b. KIND OF BUSINESS OR INDUSTRY See 10a	11. BIRTHPLACE (State or foreign country) Atlanta, Georgia	12. CITIZEN OF WHAT COUNTRY? USA				
13. FATHER'S NAME Hardy Matthews	14. MOTHER'S MAIDEN NAME Virginia (M.N. Unknown)						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) WW-I	16. SOCIAL SECURITY No. 212-28-6182 Unknown	17. INFORMANT Clin. Records, VAH, Ft. Howard, Maryland					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocardial Failure	3 Weeks
Antecedent cause(s)	(b) Hypertension	1-1/2 Yrs.
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Chronic Nephritis	1-1/2 Yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☒ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-20-, 1948, to 2-2-, 1949, that I last saw the deceased alive on 2-2-, 1949, and that death occurred at 6:30A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H.C. MANAUGH, M.D. Chief Pro. Services		VAH, Ft. Howard, Md.	2-2-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 2/4/49	NAME OF CEMETERY OR CREMATORY Baltimore National	LOCATION (City, town, or county) (State) Baltimore, Maryland
DATE REC'D BY LOCAL REG. 2/3/49	REGISTRAR'S SIGNATURE G.W. Hedrick	24. FUNERAL DIRECTOR Howard Blight, 6009 Harford Rd., Balto., Md.	ADDRESS

Howard N. Blight Jr. 6009 Harford Rd.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

443
932

01428

CERTIFICATE OF DEATH

Reg. Dist. No. 42

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; LENGTH OF STAY (in this place) 40 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS 1934 Bell Ave	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural give location) 1934 Bell Ave

3. NAME OF DECEASED (Type or Print)	(First) Madalina	(Middle)	(Last) Marsinor	4. DATE OF DEATH	(Month) Feby	(Day) 19.	(Year) 1949	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
female	white		aug 2, 1868	80 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House work		Austria	U.S.

13. FATHER'S NAME Unknown	14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)	16. SOCIAL SECURITY NO. —
17. INFORMANT Mr Theo Miller	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Chronic Myocardial disease with cardiac enlargement	
Antecedent cause(s)	arterio sclerotic type hypertension	several years
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) and congestive failure	
	(c) Hemiplegia due to cerebral haemorrhage	3 months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
none				

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan 15, 1949, to Feb 19, 1949, that I last saw the deceased alive on Feb 17, 1949, and that death occurred at 11 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Wm Michel	M.D.	2901 Edmondson Ave, Baltimore 23 Md	Feb 21 1949

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Buried	2-24-49	Loudon Park Cem.	3801 Frederick Ave

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/21/49	R. W. Hedrick	John J. Cowan & Son	Wolfe St.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01429

CERTIFICATE OF DEATH

Reg. Dist. No. 31

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marriottsville R | LENGTH OF STAY (in this place) 2 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS Marriottsville Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marriottsville Rural
STREET ADDRESS (If rural, give location) Marriottsville Road

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Jane (Last) Mentzell

4. DATE OF DEATH: (Month) 2 (Day) 26 (Year) 1949

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed

8. DATE OF BIRTH: 10/10/1864

9. AGE last birthday: 83 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY H W

11. BIRTHPLACE (State or foreign country) Howard Co, Md

12. CITIZEN OF WHAT COUNTRY? Md

13. FATHER'S NAME Benjamin Wheatley

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT Mrs. L. K. Mentzell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 2 wks

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio Vascular Disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of Uterus

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 1st, 1949, to Feb. 26, 1949, that I last saw the deceased alive on Feb. 25, 1949, and that death occurred at 8 a. m., from the causes and on the date stated above.

SIGNATURE: Wm. E. Martin | (Degree or title) M. D. | ADDRESS Randallstown, Md | DATE SIGNED 2/27/49

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE 3/1/49 | NAME OF CEMETERY OR CREMATORY Mt Olivet | LOCATION (City, town, or county) Baltimore (State) Md

DATE REC'D BY LOCAL REG. 2/27/49 | REGISTRAR'S SIGNATURE Wm. E. Martin | 24. FUNERAL DIRECTOR Wm. J. Tickner & Sons | ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
1949
U.S.A.

01430

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH· COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED· STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point
HOSPITAL OR INSTITUTION OR STREET ADDRESS at her home	STREET ADDRESS (If rural give location) 717 E. Street

3. NAME OF DECEASED (Type or Print)	(First) Lue	(Middle) Sarah	(Last) Miles	4. DATE OF DEATH	(Month) Feb. (Day) 21 (Year) 1949
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow	8. DATE OF BIRTH Abt. Feb 3/1851	9. AGE last birthday Abt 98 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Canada	12. CITIZEN OF WHAT COUNTRY? U.S.		
13. FATHER'S NAME John E. Hungerford	14. MOTHER'S MAIDEN NAME not known				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)	16. SOCIAL SECURITY No. None	17. INFORMANT Mr. Marcus H. Miles (son) Sparrows Point, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) ~~Acute~~ Heart Failure — 1 hr.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic heart disease — 10 years.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 10, 1945 to Feb 21, 1949 that I last saw the deceased alive on Feb 19, 1949, and that death occurred at ? 40 m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
S. Windsor, M.D.		520 D St. Sp Pt 19	2.21.49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE Feb 22 49	NAME OF CEMETERY OR CREMATORY Hillside	LOCATION (City, town, or county) (State) St. Clair, Michigan
DATE REC'D BY LOCAL REG. 2/22/49	REGISTRAR'S SIGNATURE Geo. Hedrick	24. FUNERAL DIRECTOR Stewart & Mowen Co.,	ADDRESS 108 W. North Avenue Baltimore #1, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

CERTIFICATE OF DEATH

Registered No. 5765 T225 01431

BIRTH NO.

1. NAME OF DECEASED (Type or Print): CARRIE LOUISE MITCHELL

2. DATE OF DEATH: Feb. 23, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 702 Braeside Rd.
c. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 702 Braeside Rd.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
female	white	widowed	March 21, 1865	83 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife		Baltimore, Md.	U. S. A.

13. FATHER'S NAME: John Priester

14. MOTHER'S MAIDEN NAME: Hanna Hecker

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
no	no	Mrs. Hahnah Ashburn	702 Braeside Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Intestinal Obstruction — INTERVAL BETWEEN ONSET AND DEATH: 5 days

DUE TO

ANTECEDENT CAUSES

(B) do not know

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) Hemiplegia, arteriosclerosis with hypertension — 5 years

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Dec. 3, 1948, *to* Feb. 23, 1949, *that I last saw the deceased alive on* Feb. 20, 1949, *and that death occurred at* 10:55 A.m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Maurice E. Shamer M. D.	3300 N. Charles St. (16)	3/24/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	2/25/49	Loudon Park Cem.	Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
FEB 24 1949	Lustington Williams, M.D.	WM. J. TICKNER & SONS	Balto., Md.

VS 150

VS. A15

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01432

CERTIFICATE OF DEATH 30d

Reg. Dist. No. 44

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft. Howard
LENGTH OF STAY (In this place) 2 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm.Hosp.Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
STREET ADDRESS (If rural, give location) 212 Sollers Point Road

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) E. (Last) MITCHELL

4. DATE OF DEATH: (Month) Feb. (Day) 1, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 12-25-1893

9. AGE last birthday: 55 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Elizah Mitchell

14. MOTHER'S MAIDEN NAME: Annie (M.N. Unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): WW-I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT: Clin. Records, Vets. Adm. Hosp., Ft. Howard, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Narrowing of orifices of coronary arteries	1 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Syphilitic aortitis	Unknown
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-30-, 1949, to 2-1-, 1949, that I last saw the deceased alive on 2-1-, 1949, and that death occurred at 1:30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H.C. MANAUGH, M.D. Chief Pro. Ser. VAH, Ft.Howard, Md. 2-2-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: 2-4-49
NAME OF CEMETERY OR CREMATORY: Baltimore National
LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG. 2/4/49
REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR: Charles R. Law, 802 Madison Ave., Balto., Md.
ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

442 Registered No. 44

131a

BIRTH NO.

1. NAME OF DECEASED (Type or Print): SCOTT MORGAN

2. DATE OF DEATH: Feb. 2, 1949 01433

3. PLACE OF DEATH:
A. Baltimore ~~City~~, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Stemer's Run Rd. nr. Marley Creek Rd., Balto. Co.
C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Georgia
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township):
D. STREET ADDRESS (If rural, give location):

5. SEX: M
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Unk
8. DATE OF BIRTH: ABT. 1890
9. AGE (In years last birthday): 59 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unk
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ga
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: unknown
14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Dr Cumine — ADDRESS: Dundalk Md

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Exposure.
~~DUE TO~~

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) Arteriosclerotic cardio-vascular-renal disease.
~~DUE TO~~
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* [ ], ~~accident~~ [X], *suicide* [ ], *homicide* [ ], *undetermined* [ ].

23A. SIGNATURE: George G. Merrill M.D.
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: 2/2/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Feb. 8-49
24C. NAME OF CEMETERY OR CREMATORY: Balto. Co. Cem.
24D. LOCATION (City, town, or county) (State): Texas Md

DATE RECEIVED BY LOCAL REGISTRAR: 2/8/49
REGISTRAR'S SIGNATURE: A W Hedrich
25. FUNERAL DIRECTOR: Elmer O. Wilson — ADDRESS: 1000 Branch ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

I

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

850.8 183

01434

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Middle River-20
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bowleys Quarters
STREET ADDRESS (If rural, give location) Chestnut Road

3. NAME OF DECEASED (Type or Print) (First) Henry (Middle) N. (Last) Muller

4. DATE OF DEATH (Month) Feb (Day) 6th (Year) 1949

5. SEX M
6. COLOR OR RACE Wh.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH May 2nd 1923
9. AGE last birthday 25 yrs. If under 1 year: Months 9, Days 4; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Aircraft Worker
10b. KIND OF BUSINESS OR INDUSTRY Glen L. Martin Co
11. BIRTHPLACE (State or foreign country) Balto. Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Philip H. Muller
14. MOTHER'S MAIDEN NAME Agnes Owings

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) W.W. #2
16. SOCIAL SECURITY NO. 216-12-8240
17. INFORMANT Philip O. Muller

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Drowning.

Antecedent cause(s) —

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH —

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Jessica Creek (CITY OR TOWN) Middle River-20 (COUNTY) Balto (STATE) Md
TIME OF INJURY (Month) 2 (Day) 6 (Year) 49 (Hour) 11 35 a.m.
INJURY OCCURRED While at Work ☐ Not While At work ☑
HOW DID INJURY OCCUR? Ice cut hole in boat

22. I hereby certify that I attended the deceased from —, 19....., to —, 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 4:00 P m., from the causes and on the date stated above.

SIGNATURE M B Davis M.D. (Degree or title) Dep Med Examiner ADDRESS Dundalk Md DATE SIGNED 2/6/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 2/9/49
NAME OF CEMETERY OR CREMATORY Woodlawn
LOCATION (City, town, or county) Woodlawn Md. (State)

DATE REC'D BY LOCAL REG. 2/8/49
REGISTRAR'S SIGNATURE A. W. Hedrick
24. FUNERAL DIRECTOR Wm Cook Inc. 1217 St. Paul St. ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

273 01435

CERTIFICATE OF DEATH

64 Reg. Dist. No. 33

1. PLACE OF DEATH
COUNTY Balto. STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills
LENGTH OF STAY (In this place) 4 Mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Reisterstown Road.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills
STREET ADDRESS (If rural give location) Reisterstown Road.

3. NAME OF DECEASED (Type or Print) (First) KATHERINE (Middle) LAWRENCE (Last) NAYLOR

4. DATE OF DEATH (Month) Feb (Day) 18 (Year) 1949

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH Oct 16 1948

9. AGE last birthday 0 yrs. If under 1 year Months 4 Days 2 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant

10b. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (State or foreign country) Baltimore Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Lawrence A. Naylor

14. MOTHER'S MAIDEN NAME Frances King Warfield

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT Lawrence A. Naylor (Father)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Asphyxia, due to enlarged Thymus — Interval between onset and death: 2 Hrs.?

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or coodition causing death. None.

19a. DATE OF OPERATION None

19b. MAJOR FINDINGS OF OPERATION None

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) No

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) None (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) None m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-18, 1949, to 2-18, 1949, that I last saw the deceased alive on Not seen alive, 19....., and that death occurred at 10 A.M., from the causes and on the date stated above.

SIGNATURE D. D. Caples, M.D. (Degree or title) Med. Exam. ADDRESS Reisterstown Md. DATE SIGNED 2-18-49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE 2/19/49 NAME OF CEMETERY OR CREMATORY Cherry Grove LOCATION (City, town, or county) Dairy (State) Md.

DATE REC'D BY LOCAL REG. 2-18-49 REGISTRAR'S SIGNATURE Mary B. Eline.

24. FUNERAL DIRECTOR F C Higinbothom ADDRESS Ellicott City Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 24 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01436

332
83

CERTIFICATE OF DEATH

Reg. Dist. No. 39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

I

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hampden (Rural); LENGTH OF STAY (in this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hampden (Rural); STREET ADDRESS (If rural give location) Hutchins Mill Rd.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Mary	Alberta	Nelson	Feb.	14	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, ~~DIVORCED~~, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F.	W		ABT. 1865	84 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Hampden, Md	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George E. Shelley	Amanda Price

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	None	Arthur Nelson, Hampden, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Thrombosis — 4 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from Feb. 10, 1949, to Feb. 14, 1949, that I last saw the deceased alive on Feb. 14, 1949, and that death occurred at 9 P.M., from the causes and on the date stated above.

SIGNATURE C. M. France (Degree or title) ADDRESS Parkton, Md. DATE SIGNED 2/14/49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2-16-49	St. James	Hampden, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/16/49	Anna Price	Landon M. Brooks	Sparks, Md

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1949

RECEIVED
FEB 17 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01437

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186a

EVIDENCE FOR CHANGE OF AGE IS ON:

FILM No. G 119 MAR 10 1949

CERTIFICATE OF DEATH

Reg. Dist. No. 31

1. PLACE OF DEATH · COUNTY Balto MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Randallstown LENGTH OF STAY (In this place) 6 mo.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stevenson
HOSPITAL OR INSTITUTION OR STREET ADDRESS none.	STREET ADDRESS (If rural, give location) Stevenson Rd - Extended.

3. NAME OF DECEASED (Type or Print) (First) ~~[illegible]~~ WM.	(Middle) CARTER	(Last) NEWELL Jr.	4. DATE OF DEATH (Month) Feb.	(Day) 3	(Year) 1949
5. SEX Male	6. COLOR OR RACE White	7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) married	8. DATE OF BIRTH Feb. 16, 1912	9. AGE last birthday 36 ~~35~~ yrs.	If under 1 year Months. 11 Days 15 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer	10b. KIND OF BUSINESS OR INDUSTRY Tunnel Const.	11. BIRTHPLACE (State or foreign country) Philadelphia, Pa.	12. CITIZEN OF WHAT COUNTRY? W. S.		
13. FATHER'S NAME Wm Carter Newell Jr.		14. MOTHER'S MAIDEN NAME Martha Bartholomew			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If year, give war or dates of service)	16. SOCIAL SECURITY No. 106-09-6674.	17. INFORMANT alice Newell Jewett.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Fractured right ankle; Compound fracture of rt. leg;

Antecedent cause(s) Fract. left knee; ~~Fract.~~ Fract. rt. femor; Fract. pelvis;

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fract. rt. hip; Comp. fract. of rt. hand, arm & forearm;

(c) Laceration of forehead; fractured left forearm; Crushed chest

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Copied from reverse side

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION none	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) accident.	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Const. job.	(CITY OR TOWN) Randallstown	(COUNTY) Balto.	(STATE) Md.
TIME OF INJURY (Month) Feb (Day) 3 (Year) '49 (Hour) 4:30 P.m.	INJURY OCCURRED While at Work ☑ Not While At work ☐	HOW DID INJURY OCCUR? Table broke on shaft pan & dropped him to bottom of shaft.		

22. I hereby certify that I attended the deceased from Feb 3, 1949, to Feb 3, 1949, that I last saw the deceased ~~alive~~ dead on Feb 3, 1949, and that death occurred at 4:30 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
D. D. Caples, M.D.	Med. Exam.	Reisterstown, Md	Feb 4 '49.

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 2/7/49	NAME OF CEMETERY OR CREMATORY Bellwood	LOCATION (City, town, or county) (State) Pine Bluff - Ark
DATE REC'D BY LOCAL REG. 2/4/49	REGISTRAR'S SIGNATURE O.W. Hedrick	24. FUNERAL DIRECTOR Frank H. Newell	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

William Carter Newell, Jr.

Immediate cause of Death:

Fractured right ankle
Compound fracture of right leg
Fractured left knee
Fractured right femor
Fractured pelvis
Fractured right hip
Compound fracture of right hand, arm and forearm
Laceration of forehead
Fractured left forearm
Crushed chest

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

443 93d 01438

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 109 Butler Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown
STREET ADDRESS (If rural, give location) 109 Butler Rd

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Eliza (Last) Nicholson

4. DATE OF DEATH (Month) Feb (Day) 27 (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH Nov. 5, 1862
9. AGE last birthday 86 yrs. If under 1 year: Months 3, Days 22; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Balto, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Washington H. Nicholson
14. MOTHER'S MAIDEN NAME Frances Cornelia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Chas. B. Nicholson 109 Butler Rd Reisterstown Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocarditis - chronic decompensation 1 yr.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension years

(c) Arteriosclerosis years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1-34, 19..., to 2-27-, 1949, that I last saw the deceased alive on 2-26-, 1949, and that death occurred at 4 P m., from the causes and on the date stated above.

SIGNATURE James G. Saffell (Degree or title) M.D. ADDRESS Reisterstown, Md DATE SIGNED 2.27.49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 3/2/49
NAME OF CEMETERY OR CREMATORY Lorraine
LOCATION (City, town, or county) (State) Balto. Co. Md.

DATE REC'D BY LOCAL REG. 3-1-49
REGISTRAR'S SIGNATURE A. W. Hedrick
24. FUNERAL DIRECTOR Wm Cook Inc. 1217 St. Paul St. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

974 01439

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eudowood Hospital Nurses Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural give location) Eudowood Hospital Nurses Home

3. NAME OF DECEASED (Type or Print): (First) Anna (Middle) Sarah (Last) Nixon
4. DATE OF DEATH: (Month) Feb. (Day) 6 (Year) 1949
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: June 22, 1898
9. AGE last birthday: 50 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Nurse
10b. KIND OF BUSINESS OR INDUSTRY: TB Hospital
11. BIRTHPLACE (State or foreign country): Lonaconing, Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: John Adam Kroll
14. MOTHER'S MAIDEN NAME: Mary Lewis
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): —
(If year, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Wilhelmina Nutwell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Strangulation by hanging. Suicide — Feb 5, 1949.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Depressed, cause unknown — Unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Sucide
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 19..., to ..., 19..., that I last saw the deceased alive on ..., 19..., and that death occurred at Approx. 12-3 P. m., from the causes and on the date stated above. 2/5/49

SIGNATURE (Degree or title) Rollin L. Hudson M.D. | ADDRESS D.M.E. Towson Md. | DATE SIGNED 2/6/49

23. BURIAL, CREMATION / REMOVAL (Specify): Removal | DATE: Feb. 7, 1949 | NAME OF CEMETERY OR CREMATORY: M. Eichhorn Funeral Home | LOCATION (City, town, or county) (State): Lonaconing, Maryland

DATE REC'D BY LOCAL REG.: Feb. 7, 1949 | REGISTRAR'S SIGNATURE: W. Carroll Van Horn Dep. Local | 24. FUNERAL DIRECTOR: John Burns' Sons | ADDRESS: Towson, Md.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

420 | 94a

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Reg. Dist. No. 35

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH COUNTY Balto MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hereford, Monkton LENGTH OF STAY (in this place) 40 yrs. HOSPITAL OR INSTITUTION OR STREET ADDRESS	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Md. COUNTY Balto. CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hereford, Monkton STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) John	(Middle) Wesley	(Last) Norris	4. DATE OF DEATH	(Month) ~~2~~ 1	(Day) ~~2~~ 4	(Year) 1949	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
M	colored	widowed	9-12-1870	78 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY farm	11. BIRTHPLACE (State or foreign country) Calvert Co. Md.	12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Charles Norris		14. MOTHER'S MAIDEN NAME unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)	16. SOCIAL SECURITY NO. 214-18-2929	17. INFORMANT Harry E. Norris	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary insufficiency	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized arteriosclerosis	years.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on Jan 31, 1949, and that death occurred at 11 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Elizabeth B. Shurell	M.D.	Cockeysville, Md.	Feb. 5, 1949

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2-7-49	Stephens Chapel	Sparks, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb. 9, 1949	Mrs Howard S. Markline	Landon M. Brooks	Sparks, Md.

RECEIVED
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BUREAU V. S.

Dr. Grott

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Parkville MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto. Co. Parkville
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN	LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1823 Redwood Avenue	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
	STREET ADDRESS (If rural, give location) 1823 Redwood Avenue

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Emma	Virginia	Norwood	Feb. 27, 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
female	white	Widowed	Mar. 3, 1856	92 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
at home		Baltimore, Maryland	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
(2) Lloyd, (1) Frisby (FRISBY LLOYD)	Mary E. Lloyd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
			Mrs. Robert Hott, 1823 Redwood Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral hemorrhage	16 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic cardio-vascular dis.	?
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan. 15, 19.45, to Feb. 27, 19.49, that I last saw the deceased alive on Feb. 27, 19.49, and that death occurred at 1.30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Harold A. Grott, M.D.	8100 Harford Rd	2/27/49.

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3-2-49	Mt. Carmel	Baltimore, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/28/49	H.W. Hedrick	Leonard J. Ruck,	5305 Harford Road.

VS. A15

M

VS A15 9-45-15M

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

443 93d 01442

Reg. Dist. No. .....

1. PLACE OF DEATH:

County: Baltimore

City or town: Franklintown
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Baltimore

City or town: Franklintown
(If outside city or town limits, write RURAL and give nearest town)

Street No.: 5316 Dogwood Road
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Marie O'Hara

3.(b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband or wife: Timothy O'Hara

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): October 6, 1871

8. AGE:

Years	Months	Days	If less than one day
77	4	21	..... hrs. ..... min.

9. Birthplace: Germany
(Town, county, and state)

10. Usual occupation: House-wife

11. Industry or business

FATHER
12. Name: Not Known
13. Birthplace: Not Known

MOTHER
14. Maiden name: Not Known
15. Birthplace: Not Known

16. Informant: Miss Margaret E. O'Hara
Address: 5316 Dogwood Road

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: March 2, 1949
(month) (day) (year)

Cemetery or crematory: Lorraine Park

Location: Woodlawn, Md.

18. Funeral director: G. Howard Strong

Address: 3207 W. North Ave.,

19. 3-1 1949 (Date rec'd by registrar) A. W. Hedrick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 27, 1949, at 9 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept - 1939, to Feb 27 1949 and that I last saw her alive on Feb 27 1949

Immediate cause of death	DURATION
Myocardial Failure	1 Mo.
Due to Hypertensive Cardio-Vas. Disease	10 yrs.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ..... Injured at work?

23. SIGNATURE: A. P. Van Schuyler M.D. (M. D. or other)

Address: 4818 Edmondson Ave. Date signed: 3/1/49

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH COUNTY: Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Stonleigh — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Stonleigh
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1009 Register Ave.	STREET ADDRESS (If rural give location): 1009 Register Ave.

3. NAME OF DECEASED (Type or Print) (First) ANTONIO (Middle) (Last) PAPANIA			4. DATE OF DEATH (Month) Feb. (Day) 3, (Year) 1949		
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: July 26, 1896	9. AGE last birthday: 52 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Accountant	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country): Italy	12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME: Joseph Papania			14. MOTHER'S MAIDEN NAME: Adele Zavinna		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)	16. SOCIAL SECURITY NO.: 214-03-0288		17. INFORMANT: Mary Pappa nia, 1009 Register Ave.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	Immediate
Antecedent cause(s)	(b) Arterio-Sclerosis.	3 years
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1946, to Feb 3, 1949, that I last saw the deceased alive on 2 Feb, 1949, and that death occurred at 5 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Charles H. Reier	M.D.	6701 York Rd Balto 12 Md	3 Feb '49

23. BURIAL, CREMATION REMOVAL (Specify): Entombment	DATE: 2/7/49	NAME OF CEMETERY OR CREMATORY: Lorriane Mausoleum	LOCATION (City, town, or county) (State): Woodlawn, Md.
DATE REC'D BY LOCAL REG.: 2/5	REGISTRAR'S SIGNATURE: [signature]	24. FUNERAL DIRECTOR: Willia m Cook, Inc., 1217 St. Paul St.	ADDRESS

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A1a

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

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93d

CERTIFICATE OF DEATH

Reg. Dist. No. 01444 44

1. PLACE OF DEATH· COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED· STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex — LENGTH OF STAY (in this place) 30 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex #21
HOSPITAL OR INSTITUTION OR STREET ADDRESS 56 Ridgemore Road	STREET ADDRESS (If rural, give location) 56 Redgemore Road

3. NAME OF DECEASED (Type or Print)	(First) Kristian	(Middle)	(Last) Pedersen	4. DATE OF DEATH	(Month) 2	(Day) 12	(Year) 1949
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 5/24/1881	9. AGE last birthday 67 yrs.	If under 1 year Months 8	Days 18	If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter (Retired)	10b. KIND OF BUSINESS OR INDUSTRY Self	11. BIRTHPLACE (State or foreign country) Farsund Norway	12. CITIZEN OF WHAT COUNTRY? USA Naturli.				
13. FATHER'S NAME Peder Pedersen.	14. MOTHER'S MAIDEN NAME Kathrine Thorgersen						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT Anna Pedersen					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Recurrent Cerebral Hemorrhage — 3 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hemiplegia — 3 yrs

(c) Hypertensive Cardio-vascular Disease — 15 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct., 1948, to Feb 12, 1949, that I last saw the deceased alive on Feb. 10, 1949, and that death occurred at 11:08P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Joseph Miceli	MD	422 Eastern Ave	Feb. 15, 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 2/16/49	NAME OF CEMETERY OR CREMATORY Oak Lawn	LOCATION (City, town, or county) Baltimore 24 (State) Md.
DATE REC'D BY LOCAL REG. 2/15/49	REGISTRAR'S SIGNATURE A. W. Hedrick	24. FUNERAL DIRECTOR J. E. Goff 413 Eastern Ave.	ADDRESS Essex 21,

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01445

420.1

94a

CERTIFICATE OF DEATH

Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN; STATE MARYLAND; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Sparrows Point

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk; STREET ADDRESS (If rural give location) 261 Colgate Ave.

3. NAME OF DECEASED (Type or Print): (First) Marel (Middle) F. (Last) Phares

4. DATE OF DEATH: (Month) 2 (Day) 9 (Year) 1949

5. SEX: M.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Nov. 11, 1908

9. AGE last birthday: 40 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Steel Worker

10b. KIND OF BUSINESS OR INDUSTRY: Bethlehem Steel Co.

11. BIRTHPLACE (State or foreign country): West Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Squire Phares

14. MOTHER'S MAIDEN NAME: Ollie J.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT: Mrs Ollie J. Phares

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY; (CITY OR TOWN); (COUNTY); (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ——, 19....., to ——, 19....., that I last saw the deceased alive on ——, 19....., and that death occurred at 3:00 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J. B. Davis MD Dept. Med. Exam. - Dundalk, Md. 2/9/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial; DATE: Feb. 13, 1949; NAME OF CEMETERY OR CREMATORY: Union Cemetery; LOCATION (City, town, or county) (State): Hancock Co., West Virginia

DATE REC'D BY LOCAL REG.: Feb-10-1949; REGISTRAR'S SIGNATURE: N. M. Kelly Jr.

24. FUNERAL DIRECTOR ADDRESS: Roland L. Fisher, Dundalk, Md.

RECEIVED
FEB 11 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

B-01446

490 108

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cor... is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): unknown ✓

3. NAME OF DECEASED (Type or Print): (First) Oliver (Middle) F (Last) Plain

4. DATE OF DEATH: (Month) February (Day) 12 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: Jan. 4 1904

9. AGE last birthday: 45 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Splicer

10b. KIND OF BUSINESS OR INDUSTRY: Construction

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: 213-01-4486

17. INFORMANT: Hospital Records -

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pneumonia - right lower lobar	4 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Lead encephalopathy	5 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 30, 1944., to Feb. 12 1949., that I last saw the deceased alive on Feb. 12, 1949., and that death occurred at 1:10 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Henry C. A. Mead — ADDRESS: Catonsville, 28, Md. — DATE SIGNED: 2/12/49

Henry C. A. Mead, M. D.

23. BURIAL, CREMATION, REMOVAL (Specify): — DATE: 2-15-49 — NAME OF CEMETERY OR CREMATORY: St Marys Stampen — LOCATION (City, town, or county) (State): Roland ave

DATE REC'D BY LOCAL REG. 2/14/49 — REGISTRAR'S SIGNATURE: A W Hedrick Dm

24. FUNERAL DIRECTOR: Paul E Chenoweth Jr — ADDRESS:

MARYLAND STATE DEPARTMENT OF HEALTH

01447

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 33

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
LENGTH OF STAY (In this place): 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:
MARYLAND

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md.
COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glyndon
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) George Harry (Middle) (Last) Plank

4. DATE OF DEATH: (Month) Feb. (Day) 28, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Feb. 13, 1876

9. AGE last birthday: 73 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Night watchman

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Binnington Vermont

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: 579-07-5026

17. INFORMANT: Ralph B. Kercheval

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cardiac Decompensation with Pulmonary Edema	12 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic C. V. Disease	2 years
	(c)	

422.1
932

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1948, to 2/28, 1949, that I last saw the deceased alive on 2/28, 1949, and that death occurred at 3:00 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Martin E. Strobel	M.D.	Reisterstown, Md.	3/4/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Mar. 11, 1949	New Cathedral	Baltimore City

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3-10-49	Mary B. Eline	J. F. Eline Sons	Reisterstown, Md.

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MAR 12 1949
BUREAU V. S.

01448

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

260

CERTIFICATE OF DEATH

61 Reg. Dist. No. 37

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Texas
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Texas
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Emma (Middle) Jane (Last) Poe

4. DATE OF DEATH (Month) 2 (Day) 12 (Year) 1949

5. SEX F

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed

8. DATE OF BIRTH 10-13-1872

9. AGE last birthday 76 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Balto, Md.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Wm Brown

14. MOTHER'S MAIDEN NAME Eliza Parks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT Mrs Mary Roberts

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage Lt.	24 hrs.
Antecedent cause(s)	(b) Generalized Arteriosclerosis —	?
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Hypertension - Diabetes.	?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug., 1938, to Feb. 12, 1949, that I last saw the deceased alive on Feb. 12, 1949, and that death occurred at 3 P m., from the causes and on the date stated above.

SIGNATURE Robert H. Live (Degree or title) M.D. ADDRESS Cal. & 30th St, Balto. 18. DATE SIGNED Md

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE 2-15-49 NAME OF CEMETERY OR CREMATORY Mays Chapel LOCATION (City, town, or county) Timonium, Md. (State)

DATE REC'D BY LOCAL REG. Feb 13 1949 REGISTRAR'S SIGNATURE Wilmer C. Ensor M.D.

24. FUNERAL DIRECTOR Sanders M. Bowles, Sparks, Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 15 1949
BUREAU V. S.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

442 131a 01449

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Maggie (Middle) L. (Last) Poseay

4. DATE OF DEATH (Month) February (Day) 14 (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 3/22/1870
9. AGE last birthday 78 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Charles County, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John W. Maddox
14. MOTHER'S MAIDEN NAME Elizabeth Gray

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac decompensation — 48 hours

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive C. V. R. Disease — Indefinite

(c) Arteriosclerotic C. V. Disease — "

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cataracts, bilateral — "

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August 1948, to Feb. 14, 1949, that I last saw the deceased alive on Feb. 14, 1949, and that death occurred at 1:35 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Isadore Fuck, M.D. ADDRESS DATE SIGNED 2/14/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Feb. 17-1949
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State) Chicamuxen Md

DATE REC'D BY LOCAL REG. 2/15/49
REGISTRAR'S SIGNATURE A. W. Hedrick
24. FUNERAL DIRECTOR Hunt + Ryan
ADDRESS Waldorf Md

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01450

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt.Wilson | LENGTH OF STAY (in this place) 1 mo. 3 dys.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mt.Wilson Sanatorium Mt. Wilson, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgewood
STREET ADDRESS (If rural, give location) c/o Galler Garage ✓

3. NAME OF DECEASED (Type or Print): (First) Alice (Middle) L. (Last) Poston

4. DATE OF DEATH: (Month) Feb. (Day) 6 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 9/22/22

9. AGE last birthday: 26 yrs. If under 1 year: Months. 4 Days 15 | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Smith Co., Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Samuel Moser

14. MOTHER'S MAIDEN NAME: Lula Widner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Alice L. Poston

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis — Interval between onset and death: 3 mos.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: No operation

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/3, 1949, to 2/6, 1949, that I last saw the deceased alive on Feb. 6, 1949, and that death occurred at 7:05 A. m. from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Stewart S Shaffer M.D. Mt.Wilson, Md. 2/6/49

23. BURIAL, CREMATION REMOVAL (Specify) | DATE 2/9/49 | NAME OF CEMETERY OR CREMATORY Mt. View Cemetery | LOCATION (City, town, or county) (State) Mt.View, Va.

DATE REC'D BY LOCAL REG. 2/6/49 | REGISTRAR'S SIGNATURE Helen R. Mayer

24. FUNERAL DIRECTOR ADDRESS: Landon M. Brooks, Sparks, Md.

RECEIVED
FEB 12 1949
BUREAU V. S.

EVIDENCE FOR CHANGE OF AGE IS ON: FILM No. 6119 2-25-49

STATE OF MARYLAND—CERTIFICATE OF DEATH

01451

002 13 44

1. PLACE OF DEATH

County Baltimore Registration Dist. No.

Village or City Essex No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U.S. if of foreign birth? 45 yrs. mos. ds.

2. FULL NAME Alexander Powichroski If U. S. Veteran, specify WAR

(a) Residence: No. 209 Riverside Drive St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	W	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Agnes Powichroski

6. DATE OF BIRTH (month, day, and year) March 21 1879

7. AGE Years	Months	Days	If LESS then 1 day, hrs. or min.
69 ~~70~~			

OCCUPATION

8. Trade, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased lest worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Matensy Powichroski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Juliasma ?

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs. Powichroski

(Address) 209 Riverside Drive

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary cem. Date Feb 18, 1949

19. UNDERTAKER John M. Adelsberger

(Address) 401 S. Chester Street

20. FILED 2-16, 1949 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH February (Month) 14 (Day) 1949 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1949, to Feb 14, 1949

I lest sew h sm alive on Feb 14, 1949; deeth is said to have occurred on the date stated above, et 9 20 p.m.

The PRINCIPAL CAUSE OF DEATH and releted causes of importance were es follows:

	Date of onset
Miliary Tuberculosis.	Feb 4/49
Other Contributory Causes of Importance: Tuberculosis Pulmonary	1944

Name of operation Date of

What test confirmed diagnosis? Was there en eutopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of Injury

24. Wes disease or injury in any way releted to occupation of deceased?

If so, specify

(Signed) G. P. Baumgartner M. D.

(Address) Balto 6 Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

01452

422.1
932

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 506 Fairmount Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson
STREET ADDRESS (If rural, give location): 506 Fairmount Avenue

3. NAME OF DECEASED (Type or Print): (First) EUGENE (Middle) (Last) REIGN

4. DATE OF DEATH: (Month) (Day) (Year) February 12, 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: Dec. 20, 1861

9. AGE last birthday: 87 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Postal Service

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: David M. Reign

14. MOTHER'S MAIDEN NAME: Eleanor Ann Crook

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs. John W. Gardiner

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocardial Insufficiency	10 days.
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Senility, general Arteriosclerosis	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY:
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 2nd, 1949, to Feb 12th, 1949, that I last saw the deceased alive on Feb 10th, 1949, and that death occurred at 7 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Daniel of St. Thos. Jenifer
ADDRESS: Towson 4, Md.
DATE SIGNED: 2/14/49

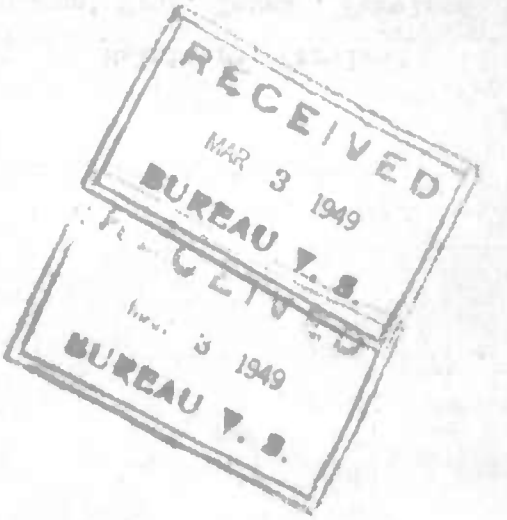
23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: Feb. 15, 1949
NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cemetery
LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: Feb. 15, 1949
REGISTRAR'S SIGNATURE: W. Carroll Van Horn
24. FUNERAL DIRECTOR: John Burns' Sons, Towson, Maryland
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15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MAR 3 1949
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01453

331

CERTIFICATE OF DEATH

Reg. Dist. No. 32

1. PLACE OF DEATH
COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooklandville
LENGTH OF STAY (in this place) 5 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Valley Road
MARYLAND

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooklandville
STREET ADDRESS (If rural give location) Valley Rd.

3. NAME OF DECEASED (Type or Print): (First) Willie (Middle) Ann (Last) Reynolds

4. DATE OF DEATH (Month) Feb. (Day) 16 (Year) 1949

5. SEX F

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH 6 Nov 1858

9. AGE last birthday 89 yrs. If under 1 year: Months 3, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) Virginia

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME Robert Wilson

14. MOTHER'S MAIDEN NAME Fannie Franklin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No. None

17. INFORMANT miss Myrtle Reynolds

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) —

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral Vascular accident — 1 mo.

(c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 22 Jan., 19 49, to 16 Feb., 19 49, that I last saw the deceased alive on 16 Feb, 19 49, and that death occurred at 8:15 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Paul H Royal M.D. Pikesville 8, Md.

23. BURIAL, CREMATION, REMOVAL (Specify) DATE Feb. 19-49 NAME OF CEMETERY, OR CREMATORY Fork Christian Cem LOCATION (City, town, or county) (State) Fork Md

DATE REC'D BY LOCAL REG. Feb. 18, 1949

REGISTRAR'S SIGNATURE County Local W Carroll Van Hoose

24. FUNERAL DIRECTOR Clarence E. Arthur ADDRESS Fork Md.

Feb. 21, 1949 Dr E E Nichols - Local Registrar

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 22 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

442 01454

CERTIFICATE OF DEATH

131a Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baeto Co MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 12 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 601 Coleraine Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Baeto Co
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 601 Coleraine Rd.

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) Henry (Last) Rhine.

4. DATE OF DEATH (Month) 2 (Day) 25 (Year) 1949

5. SEX Male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH Dec 9, 1869
9. AGE last birthday 79 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer
10b. KIND OF BUSINESS OR INDUSTRY farming
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Jesse W Rhine
14. MOTHER'S MAIDEN NAME Carrie Gerwig

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service) no
16. SOCIAL SECURITY NO. none
17. INFORMANT Mrs Leslie Vernay.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic Cardiovascular Renal Disease — 5 yr +

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Benign Prostatic Hypertrophy — 5 yr

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August, 1947, to 25 Feb, 1949, that I last saw the deceased alive on 24 Feb, 1949, and that death occurred at 3.50 A.m., from the causes and on the date stated above.

SIGNATURE John A Nesbitt Jr (Degree or title) ADDRESS 20 E. Preston St - Balt. 2, Maryland DATE SIGNED 27 Feb '49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 2/28/49
NAME OF CEMETERY OR CREMATORY St Johns
LOCATION (City, town, or county) Ellicott City (State) Md.

DATE REC'D BY LOCAL REG. 2/28/49
REGISTRAR'S SIGNATURE V E. Harry
24. FUNERAL DIRECTOR Edw. S Mac Nabb ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 3 1949
BUREAU V. S.

1948
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

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33a

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH
COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodensburg
MARYLAND
LENGTH OF STAY (in this place) 15 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland
COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodensburg
STREET ADDRESS (If rural give location) Reisterstown - Hanover Road

3. NAME OF DECEASED (Type or Print) (First) Frances (Middle) A. (Last) Rhyten Swmbaugh

4. DATE OF DEATH (Month) Feb (Day) 25 (Year) 1949

5. SEX F

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed

8. DATE OF BIRTH May 12-1873

9. AGE last birthday 75 yrs.

If under 1 year: Months 7 Days 13

If under 24 hrs.: Hours 1.20am Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY none

11. BIRTHPLACE (State or foreign country) Balto Co. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John Swmbaugh

14. MOTHER'S MAIDEN NAME Mary Bamblitz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No. none

17. INFORMANT Anna Grimes

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary embolism — Interval between onset and death: Jan 25-'49

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Influenza & Pleurisy — Interval between onset and death: Feb died 25-'49

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 25, 1949, to Feb 25, 1949, that I last saw the deceased alive on Feb 24, 1949, and that death occurred at 1.30 a.m., Feb 25-'49. from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Cyril E. Fowble, M.D. Upperco Md. Feb 25-1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE Feb. 27, 1949

NAME OF CEMETERY OR CREMATORY Pleasant Grove

LOCATION (City, town, or county) (State) Boring, Md.

DATE REC'D BY LOCAL REG. 2-26-49

REGISTRAR'S SIGNATURE Mary B. Sline.

24. FUNERAL DIRECTOR Wm. Berryman & Sons. ADDRESS Reisterstown

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
MAR 1 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

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CERTIFICATE OF DEATH

922

Reg. Dist. No. 31

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodstock
MARYLAND
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland
COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodstock
STREET ADDRESS (If rural, give location) Wrights Mill Road

3. NAME OF DECEASED (Type or Print): (First) Annie (Middle) Elizabeth (Last) Ridgley

4. DATE OF DEATH: (Month) Feb (Day) 3 (Year) 1949

5. SEX: F

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: 1876

9. AGE last birthday: 73 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Stephen Brown

14. MOTHER'S MAIDEN NAME: Annie Braden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Roscoe Penn

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardio Vascular Disease

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chr. Valvular Heart Dis

(c) Arterial Hypertension

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from —, 19 43, to 2/3/, 1949, that I last saw the deceased alive on 2/1/, 1949, and that death occurred at 8 a m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Wm. E. Martin M.D. Randallstown Md

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: 2-7-49

NAME OF CEMETERY OR CREMATORY: Cherry Hill

LOCATION (City, town, or county) (State): Granite Md

DATE REC'D BY LOCAL REG. 2/3/49

REGISTRAR'S SIGNATURE: Wm. E. Martin

24. FUNERAL DIRECTOR: J. C. Higinbotham

ADDRESS: Ellicott City

VS. A15

RECEIVED
FEB 11 1949
BUREAU U. S.

Dr. Gnott

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01457

170
50

CERTIFICATE OF DEATH

Reg. Dist. No. 40

1. PLACE OF DEATH: COUNTY Glen Arm — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Northwind Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Balto. Co. Glen Arm
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) Northwind Road

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Eva	Virginia	Roberts		Feb.	8th,	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months, Days	If under 24 hrs.: Hours, Min.
female	white	married	Aug. 13, 1909	39 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	at home	Baltimore, Maryland	

13. FATHER'S NAME: William T. Davis

14. MOTHER'S MAIDEN NAME: Eva Virginia Neuwiller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT
		Mr. Linwood O. Roberts, Northwind Rod

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Metastatic carcinoma	6 mos.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of breast	4 1/2 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan. 15, 1949, to Feb. 8, 1949, that I last saw the deceased alive on Feb. 3, 1949, and that death occurred at 7 00 A.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Harold A. Gnott, M.D.		8100 Harford rd	2/8/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2-11-49	Moreland Mem. Park	Baltimore, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/10/49	A. W. Hedgett Jr.	Leonard J. Ruck,	5305 Harford Road.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01458

Reg. Dist. No. 49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft.Howard | LENGTH OF STAY (in this place) 6 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm.Hosp,Ft.Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1437 Towson Street

3. NAME OF DECEASED (Type or Print): (First) JOSEPH M. (Middle) (Last) ROBERTS
4. DATE OF DEATH: (Month) Feb. (Day) 7, (Year) 1949
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 9-12-89
9. AGE last birthday: 59 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Yard Conductor
10b. KIND OF BUSINESS OR INDUSTRY: Railroad
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY: USA
13. FATHER'S NAME: Charles Roberts
14. MOTHER'S MAIDEN NAME: Lula Harman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes | (If year, give war or dates of service): WW-I
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT: Clin. Rec. VAH, Fort Howard, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis, reinfection type, far adv., active, severe — 7 Months

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-1-1949, to 2-7-1949, that I last saw the deceased alive on 2-7-, 1949, and that death occurred at 3:15A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H.C. MANAUGH, M.D. Chief Pro. Services VAH, Ft.Howard, Md. 2-7-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE 2/9/49 | NAME OF CEMETERY OR CREMATORY: Baltimore National | LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG. 2/8/49 | REGISTRAR'S SIGNATURE C.W. Hudnut

24. FUNERAL DIRECTOR ADDRESS: Howard Blight, 6009 Harford Rd., Balto., Md.

Howard N. Blight & 6009 Harford Rd

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

422.1 01459

CERTIFICATE OF DEATH

932 Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (in this place) — MARYLAND — HOSPITAL OR INSTITUTION OR STREET ADDRESS Opitz Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore, Md. — STREET ADDRESS (If rural give location) 832 West 34 St. Balto. 11, Md.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Julia	A	Rodgers	February 11 19 49

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	July 25 1846	102 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None	—	Md.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Peter B. Wilhelm	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
—	—	Susie E. Kailer

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Chr. Myocarditis	1 yr
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized Arteriosclerosis	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan 2, 1948 to Feb 11, 1949 that I last saw the deceased alive on 2-10, 1949, and that death occurred at 7 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James F Howell	M.D.	Catonsville	2-11-49

23. BURIAL, CREMATION / REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	2/14/49	Middletown	Middletown	Md.

DATE REC'D BY LOCAL REG	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/14/49	J. W. Hedrick	Paul E. Shemwell Jr.	3615-17 Chestnut Ave.

VS. A15

Bc

01460

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

420.0

93d

CERTIFICATE OF DEATH

Reg. Dist. No. 32

1. PLACE OF DEATH: Balto Co.

County Augburg Home

City or town Campfield Rd
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County

City or town
(If outside city or town limits, write RURAL and give nearest town)

Street No. 2109 Smallwood St.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Katie M. Rukert

3. (b) Social Security Number —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	W	Widowed

6.(b) Name of husband or wife Henry

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Abt. 1867

8. AGE: Years	Months	Days	If less than one day
82			..... hrs. ..... min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name Henry C. Witte
13. Birthplace Balto.

MOTHER
14. Maiden name S. Meier
15. Birthplace Balto

16. Informant Mr. T. Katenkamp

Address Augburg Home

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof Feb. 19-49
(month) (day) (year)

Cemetery or crematory Loudon Park

Location Frederick Ave

18. Funeral director A Rohde Sons

Address 2327 Edmondson Av

19. 2/18 19 49 A. W. Hedrick Jr. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH - Feb. 17th 1949 at 6 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from - Feb. 1945 to - Feb. 17 1949 and that I last saw her alive on Feb. 15th 1949

Immediate cause of death (1) - Arterio - Sclerotic Heart Disease

Due to

Due to

Other conditions - Generalized Arterio Sclerosis
(Include pregnancy within 3 months of death)

Major findings of operations - None

Date of op.

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

DURATION
5 yrs.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Earl J. Chambers M. D. or other

Address 4108 Liberty Hts Av. Date signed 2/18/49

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1949
82
1867

01461

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

157
46g Reg. Dist. No. 30

1. PLACE OF DEATH COUNTY: BALTO. COUNTY MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: MARYLAND COUNTY: BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CATONSVILLE — LENGTH OF STAY (in this place): 33 YRS.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CATONSVILLE
HOSPITAL OR INSTITUTION OR STREET ADDRESS:	STREET ADDRESS (If rural, give location): 117 GLENWOOD AVE.

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) ALOYSIUS (Last) SAPP

4. DATE OF DEATH: (Month) FEB. (Day) 5 (Year) 1949

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: APR. 24, 1893

9. AGE last birthday: 55 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ACCOUNTING CLERK

10b. KIND OF BUSINESS OR INDUSTRY: RAILROAD

11. BIRTHPLACE (State or foreign country): BALTIMORE, Md

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: BENJAMIN. F. SAPP

14. MOTHER'S MAIDEN NAME: EVA KOENIG

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: 705-05-3008

17. INFORMANT: WIFE - LOTTIE SAPP

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) CARCINOMA PANCREAS	4 MONTHS
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 11/19/48

19b. MAJOR FINDINGS OF OPERATION: INOPERABLE CARCINOMA PANCREAS

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct., 1948, to 2/5, 1949, that I last saw the deceased alive on 2/5, 1949, and that death occurred at 5 A m., from the causes and on the date stated above.

SIGNATURE: Robert. F. Healy (Degree or title) M.D. — ADDRESS: 301 MEDICAL ARTS Bldg. — DATE SIGNED: 2/5/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Feb. 8, 1949 — NAME OF CEMETERY OR CREMATORY: Cathedral Cemetery — LOCATION (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REG.: 2/8/49 — REGISTRAR'S SIGNATURE: V. E. Harry

24. FUNERAL DIRECTOR: Edward S. MacNabb — ADDRESS:

M

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 9 1949
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

151 B 01462
46 b

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft. Howard
LENGTH OF STAY (in this place) 11 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS VAH, Ft. Howard, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 900 E. Pratt Street

3. NAME OF DECEASED (Type or Print) (First) ANDREW (Middle) (Last) SASS
4. DATE OF DEATH (Month) Feb. (Day) 22, (Year) 1949
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 1-31-94
9. AGE last birthday 55 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Pitts, Pa.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Lawrence Sass
14. MOTHER'S MAIDEN NAME Frances Mrowinski
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) WW-I
16. SOCIAL SECURITY NO. 192-07-3571
17. INFORMANT Clin. Rec. VAH, Ft. Howard, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinoma of stomach with metastasis to liver and spine	1-1/2 Yrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or coodition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-11-1949, to 2-22-1949, that I last saw the deceased alive on 2-22-, 1949, and that death occurred at 9:50 P. m., from the causes and on the date stated above.

SIGNATURE H.C. Manaugh (Degree or title) ADDRESS DATE SIGNED
H.C. MANAUGH, M.D. Chief Pro. Services VAH, Ft. Howard, Md. 2-23-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF FEB. 25-1949
NAME OF CEMETERY OR CREMATORY Baltimore National
LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REG. 2/24/49
REGISTRAR'S SIGNATURE A. W. Hedrich JS
24. FUNERAL DIRECTOR FRANK Della Noce
ADDRESS 322 S High St

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01463

44

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M

I

VS. A15

1. PLACE OF DEATH: COUNTY: Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: [illegible]
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md. COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
STREET ADDRESS (If rural give location): 425 S.52nd St.

3. NAME OF DECEASED (Type or Print): (First) Catherine (Middle) Mary (Last) Schattner

4. DATE OF DEATH: (Month) Feb. (Day) 2, (Year) 1949

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Jan. 26, 1887

9. AGE last birthday: 62 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): house wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Henry Sauter

14. MOTHER'S MAIDEN NAME: Margaret Reutter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT: Emmet Schattner

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cardiac disease, Nephritis & Arterio Sclerosis	3 years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Diabetes	10 years
	(c) Gallbladder disease	5 years

260
61

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):
(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐:
HOW DID INJURY OCCUR?:

22. I hereby certify that I attended the deceased from Jan., 1944, to Feb 1, 1949, that I last saw the deceased alive on Feb 1, 1949, and that death occurred at 12 40 noon m., from the causes and on the date stated above.

SIGNATURE (Degree or title): John V. Clift ADDRESS: 5010 Greenleaf Road zone 10 DATE SIGNED: 2-4-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 2/5/49
NAME OF CEMETERY OR CREMATORY: Oak Lawn
LOCATION (City, town, or county) (State): Baltimore

DATE REC'D BY LOCAL REG.: 2-4-49
REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR: Clarence F. Hoffmann ADDRESS: 1639 Broadway.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

331
83a

01464

Reg. Dist. No. 38

1. PLACE OF DEATH:
BALTIMORE
PARKVILLE MD.
(If outside city or town limits, write RURAL and give nearest town)

Is long in above place of death?
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State PARKVILLE, MD County BALTIMORE

City or town
(If outside city or town limits, write RURAL and give nearest town)

Street No. 3035 LINWOOD AVE
(If rural, give LOCATION)

2.(a) If veteran, name war NONE

3. (a) FULL NAME WILLIAM JOSEPH SCHRAML

3. (b) Social Security Number 216-07-1533

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
MALE	WHITE	MARRIED

6.(b) Name of ~~husband or~~ wife ELEANOR.

6.(c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) SEPT. 23 - 1899.

8. AGE:

Years	Months	Days	If less than one day
49	4	9	hrs. min.

9. Birthplace BALTIMORE MARYLAND.
(Town, county, and state)

10. Usual occupation RETIRED

11. Industry or business

FATHER
12. Name FRANK SCHRAML.
13. Birthplace AUSTRIA

MOTHER
14. Maiden name WALBURGA STADTLER.
15. Birthplace AUSTRIA.

16. Informant ELEANOR C. SCHRAML.
Address 3035 LINWOOD AVE.

17. Burial
(Burial, cremation, or removal. Which?) Date thereof FEB. 7 - 1949
(month) (day) (year)

Cemetery or crematory PARKWOOD.

Location TAYLOR AVE PARKVILLE

18. Funeral director THE DIPPEL BROTHERS.

Address 7110 BELAIR ROAD.

19 4 19 49 A-W Hedrick
(Filed by registrar) Dm Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 2, 1949 at 7 30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 1 1949 to Feb. 2 1949 and that I last saw him alive on Feb. 1, 1949

Immediate cause of death	DURATION
Cerebral hemorrhage	1 day
Due to Hypertension	4 yrs?
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Harold A. Grott M.D.
M. D. or other

Address 8100 Harford Rd Date signed 2/2/49

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

442 01465

CERTIFICATE OF DEATH

61 Reg. Dist. No. 43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M

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VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fullerton, Md. — LENGTH OF STAY (in this place): life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fullerton, Md.
STREET ADDRESS (If rural give location): 3800 Butty Hill Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
MARY	A.	SCHRENKER	Feb.	19th,	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
female	white	married	July 27th, 1899	49 yrs.	6	22		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore County, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Raab
14. MOTHER'S MAIDEN NAME: Alberta Harple

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mr. Benjamin J. Schrenker

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Congestive Heart Failure	1 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardio-Vascular-Nephritic Hypertensive Disease	10 years.
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Diabetes	15 years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour): m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January 6, 1946, to Feb. 19, 1949, that I last saw the deceased alive on Feb. 19, 1949, and that death occurred at 6:10 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Michael J. Dausch	M.D.	1 W. Overlea Ave. Arlington, Md.	2-19-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
burial	2/23/49	Parkwood	Baltimore	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb. 22-49	Mrs. L. Reisinger	Lassahn Funeral Home	7401 Belair Rd.

RECEIVED
MAR 2 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

422.1 01466

CERTIFICATE OF DEATH

93d Reg. Dist. No. 30

1. PLACE OF DEATH· COUNTY Balto MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED· STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (in this place) 2 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
HOSPITAL OR INSTITUTION OR STREET ADDRESS 16 Fustingan House in the Pines	STREET ADDRESS (If rural give location) 16 Fustingan

3. NAME OF DECEASED (Type or Print) (First) Frances (Middle) E (Last) Schroeder	4. DATE OF DEATH (Month) Feby (Day) 4 (Year) 1949
5. SEX F — 6. COLOR OR RACE W — 7. ~~SINGLE, MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify) — 8. DATE OF BIRTH Sept 2 1869 — 9. AGE last birthday 79 yrs. — If under 1 year Months 4 Days 14 — If under 24 hrs. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none — 10b. KIND OF BUSINESS OR INDUSTRY — 11. BIRTHPLACE (State or foreign country) Balto Md — 12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME James Corrie	14. MOTHER'S MAIDEN NAME Elizabeth Adyne
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO.	17. INFORMANT deceased.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio vascular disease

(c) Senility

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 2-45 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Geo. M. Kieffer	M.D. Dep Med Exam Balto Co	1010 Leeds av	2-4-49

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	DATE THEREOF Feb 7-49	NAME OF CEMETERY OR CREMATORY Loudon Park	LOCATION (City, town, or county) (State) Frederick Ave.
DATE REC'D BY LOCAL REG. 2/5/49	REGISTRAR'S SIGNATURE Feb. 7 - V. E. Harry	24. FUNERAL DIRECTOR John O Mitchell & Sons	ADDRESS 1900 Eutaw Pl.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Off McCain
Dr Gallagher

Myra Talbot

RECEIVED
FEB 7 1949
BUREAU V. A.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

422.1 01467

93d

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Chesco Pk — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Chesaco Park
HOSPITAL OR INSTITUTION OR STREET ADDRESS 513 Patapsco Ave.	STREET ADDRESS (If rural, give location) 513 Patapsco Avenue

3. NAME OF DECEASED (Type or Print)	(First) Blanche	(Middle)	(Last) Sears	4. DATE OF DEATH	(Month) Feb.	(Day) 19	(Year) 1949
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH June 5, 1878	9. AGE last birthday 70 yrs.	If under 1 year Months.	Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Pennsylvania		12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Joseph L. Fink			14. MOTHER'S MAIDEN NAME Mary R. Priest				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.		17. INFORMANT George W. Sears				

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral apoplexy	1 day
Antecedent cause(s)	(b) Arterio-Sclerotic-Cardio-Vascular disease	2 years
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1948, to Feb 19, 1949, that I last saw the deceased alive on Feb 19, 1949, and that death occurred at 6 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
G. M. Baumgardner	MD	Balto 6 Md	2-19-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE Feb. 22, 1949	NAME OF CEMETERY OR CREMATORY Parkwood Cemetery	LOCATION (City, town, or county) (State) Baltimore Md.
DATE REC'D BY LOCAL REG. 2/21/49	REGISTRAR'S SIGNATURE A. W. Hedrich	24. FUNERAL DIRECTOR Wm. Cook Inc.	ADDRESS 1217 St. Paul St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01468

Reg. Dist. No. 4K

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville Rural — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location) 2922 The Alameda

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
SAMUEL	LESTER	SHANKS, SR.	Feb.	25	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months. Days	If under 24 hrs.: Hours Min.
male	white	married	Aug. 27, 1886	62 yrs. yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Lineman	C. & P. Tel. Co.	Baltimore, Md.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Samuel T. Shanks	Harriett MacCubbin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT
no		Mr. Lester Shank 2922 The Alameda

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Myocarditis (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from ..... , 19..... , to ..... , 19..... , that I last saw the deceased alive on ..... , 19..... , and that death occurred at 3:00 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
W. D. Davis M.D.	Dept. Med. Exam. Dundalk, Md.	2/25/49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2/28/49	Loudon Park Cem.	Balto., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
February 26 1949	R.W.	WM. J. TICKNER & SONS	Balto., Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

430.0 01469

CERTIFICATE OF DEATH

910 Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville | LENGTH OF STAY (in this place) 1 yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Thomas (Middle) Cole (Last) Sherrill
4. DATE OF DEATH: (Month) F (Day) 19 (Year) 1949
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: 3-18-1888
9. AGE last birthday: 60 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min. X
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Washington State
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME: John B. Cole
14. MOTHER'S MAIDEN NAME: Louella Bishop
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If year, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. T. C. Sherrill

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral embolism	2 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Bacterial endocarditis -	3 1/2 mos.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/18, 1949, to 2/18, 1949, that I last saw the deceased alive on Feb 18, 1949, and that death occurred at 9 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Wilmer C. Enos or M.D. | Cockeysville Md | 2/19/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 2-20-49 | NAME OF CEMETERY OR CREMATORY: Jessops Methodist | LOCATION (City, town, or county) (State): Sparks, Md.

DATE REC'D BY LOCAL REG.: Feb. 19 1949 | REGISTRAR'S SIGNATURE: Wilmer C. Enos or | 24. FUNERAL DIRECTOR: L. Scott Brooks | ADDRESS: Sparks, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH· COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED· STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River — LENGTH OF STAY (in this place) life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bird River Road	STREET ADDRESS (If rural give location) Bird River Road

3. NAME OF DECEASED (Type or Print)	(First) AUGUSTA	(Middle) H.	(Last) SMITH	4. DATE OF DEATH	(Month) Feb. (Day) 10th (Year) 1949
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed	8. DATE OF BIRTH Jan. 27, 1886	9. AGE last birthday 63 yrs.	If under 1 year Months Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Balto. Co., Md.	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Charles Magsamen		14. MOTHER'S MAIDEN NAME Fredericka Miller			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO. none	17. INFORMANT Mr. Vernon G. Smith			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	Sudden
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio-sclerotic Cardio-Vascular disease	1 yr
	(c) Diabetes Mellitus	10 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Cerebral apoplexy	1 month

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1949, to Feb 10, 1949, that I last saw the deceased alive on Feb 10, 1949, and that death occurred at 4 10 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Geo. M. Baumgardner		Balto 6 Md.	2-10-49

23. BURIAL, CREMATION REMOVAL (Specify) burial	DATE Feb 14 1949	NAME OF CEMETERY OR CREMATORY Parkwood	LOCATION (City, town, or county) (State) Balto., Md.
DATE REC'D BY LOCAL REG. Feb. 12. 1949	REGISTRAR'S SIGNATURE R.W. [signature]	24. FUNERAL DIRECTOR Lassahn Funeral Home	ADDRESS 7401 Belair Rd.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01471

421.4
92d

Reg. Dist. No. 3

1. PLACE OF DEATH:

County Baltimore

City or town Catonsville
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:
73 Winters Lane

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Baltimore

City or town Catonsville
(If outside city or town limits, write RURAL and give nearest town)

Street No. 73 Winters Lane
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Eldora Smith

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	Married

6.(b) Name of husband or wife John W. Smith

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) May 12, 1889

8. AGE:

Years	Months	Days	If less than one day
59			..... hrs. ..... min.

9. Birthplace Virginia (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name ? Braxton
13. Birthplace Va.

MOTHER
14. Maiden name Unknown
15. Birthplace Va.

16. Informant John W. Smith
Address 73 Winters Lane.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 3-1-49 (month) (day) (year)

Cemetery or crematory Western Star Cem.

Location Catonsville, Md.

18. Funeral director Mrs. Frances A. Hemsley
Address 578 W. Biddle St.

19. 2/28 1949 W. Hedrick Dm. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 25 1949, at 6.45 p M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Mar 1 1946, to Feb 26 1949 and that I last saw her alive on Feb 26 1949

Immediate cause of death	DURATION
Heart disease	3 yrs
Due to Cardio Valvular	
Due to	
Other conditions Diabetes	5 yrs

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [signature] Woolridge M. D. or other

Address Elkridge Md. Date signed 2-26-49

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

01472 43

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

420.1
93d

CERTIFICATE OF DEATH

Reg. Dist. No. [redacted]

1. PLACE OF DEATH COUNTY: Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Raspeburg — LENGTH OF STAY (in this place): life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Overlea, Md.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:	STREET ADDRESS (If rural, give location): 4121 Taylor Ave.

3. NAME OF DECEASED (Type or Print)	(First) T.	(Middle) MELVIN	(Last) SMITH	4. DATE OF DEATH	(Month) Feb.	(Day) 12	(Year) 1949
5. SEX: male	6. COLOR OR RACE: white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married	8. DATE OF BIRTH: May 1st, 1893	9. AGE last birthday: 55 yrs.	If under 1 year: Months 9, Days 11	If under 24 hrs.: Hours, Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Contractor	10b. KIND OF BUSINESS OR INDUSTRY: Padgett	11. BIRTHPLACE (State or foreign country): Baltimore County, Md.	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME: John Smith	14. MOTHER'S MAIDEN NAME: Melvina Burk						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)	16. SOCIAL SECURITY NO.: 216-05-7187	17. INFORMANT: Mrs. T. Melvin Smith					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Thrombosis.	Sudden.
Antecedent cause(s)	(b) Arteriosclerosis Myocardial Insufficiency	2 yrs.
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1st, 1949, to Feb 12th, 1949, that I last saw the deceased alive on Feb. 12th, 1949, and that death occurred at 11 P.M. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Daniel F. U. Kros. Jennifer		Towson 4, Md	2/14/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
burial	2/16/49	Parkwood	Baltimore, Md. 2/14/49

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb. 14-49	Mrs. G. L. Reifsnidy	Lassahn Funeral Home	7401 Belair Rd.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MAR 2 1949
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS: Pleasant Hill Rd., Owings Mills, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Owings Mills; STREET ADDRESS (If rural, give location): Pleasant Hill Rd.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
CLARENCE	E.	SPALDING	Feb.	11	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
male	white	married	Nov. 27, 1902	46 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer		Emmittsburg, Md.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Martin Spalding	Bernedette Welte

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
None		Mrs. Marion E. Spalding, Owings Mills Pleasant Hill Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Thrombosis	3 days
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None	—	Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
None				

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from ....., 1937, to Feb. 11, 1949, that I last saw the deceased alive on Feb. 10, 1949, and that death occurred at 5.20 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
A. A. Grossman,	M.D.	1109 N. Calvert St. Balto, Md	2-12-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2/14/49	Lorraine Cem.	Woodlawn, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/14/49	H. R. Hedrick	WM. J. TICKNER & SONS	Balto., Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

420.1 01474
932

CERTIFICATE OF DEATH

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rockland
LENGTH OF STAY (in this place): 40 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rockland
STREET ADDRESS (If rural give location): Falls Road

3. NAME OF DECEASED (Type or Print): (First) Howard (Middle) Hayes (Last) Staines

4. DATE OF DEATH: (Month) February (Day) 24 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: May 24, 1875

9. AGE last birthday: 73 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Caleb Staines

14. MOTHER'S MAIDEN NAME: Rachel Green

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: ?

17. INFORMANT: Mrs. Carrie B. Stuller 1218 Lake Avenue

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Chronic Myocarditis	4 mons.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Thrombosis	4 mons.
	(c) Art. Sclerosis - Hypertension	5 years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
—

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —

(CITY OR TOWN): —

(COUNTY): —

(STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour): — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?: —

22. I hereby certify that I attended the deceased from Jan., 1944, to Feb. 24th, 1949, that I last saw the deceased alive on Feb 23rd, 1949, and that death occurred at 6:A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): James A. Miller M.D. ADDRESS: Pikesville-5 Md. DATE SIGNED: 2/25/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Feb. 26, 1949

NAME OF CEMETERY OR CREMATORY: Prospect Hill

LOCATION (City, town, or county) (State): Towson, Maryland

DATE REC'D BY LOCAL REG.: 2/25/49

REGISTRAR'S SIGNATURE: A.W. Hedrich

24. FUNERAL DIRECTOR: Burgee Funeral Home ADDRESS: 3631 Falls Road

VS: A15

180 52a II 38
01475

MARYLAND STATE DEPARTMENT OF HEALTH

1. NAME OF DECEASED (Type or Print): WILLIAM HOOPER TATE

2. DATE OF DEATH: FEB. 18, 1949

3. PLACE OF DEATH: A. Baltimore ~~City~~ COUNTY, Maryland — Ridgeid Forge

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

C. Length of stay in Baltimore: 16 Yrs. 5 Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: MD.
B. COUNTY: BALTO.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township):
D. STREET ADDRESS (If rural, give location): 210 HOPKINS RD.

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: OCT. 23, 1882
9. AGE (In years last birthday): 66
H Under 1 Year: Months 3 Days 25
H Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ELECT. ENGINEER
10B. KIND OF BUSINESS OR INDUSTRY: RETIRED
11. BIRTHPLACE (State or foreign country): BALTO., MD.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: JOSEPH TATE
14. MOTHER'S MAIDEN NAME: EMILY HOOPER

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 074-03-3137
17. INFORMANT: ELIZABETH V. TATE — ADDRESS: 210 HOPKINS RD.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of kidney - left c̄ metastases to lungs — INTERVAL BETWEEN ONSET AND DEATH: 7 1/2 yrs

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 1941
19B. MAJOR FINDINGS OF OPERATION: Papillary adenocarcinoma - left kidney
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): —
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11/23/48, 19__, *to* 2/18/49, 19__, *that I last saw the deceased alive on* 2/17/49, 19__, *and that death occurred at* 2.15A *m., from the causes and on the date stated above.*

23A. SIGNATURE: Francis W. Gluck M. D.
23B. ADDRESS: 3406 St Paul St
23C. DATE SIGNED: 2/18/49

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: Feb. 21, 1949
24C. NAME OF CEMETERY OR CREMATORY: DRUID RIDGE
24D. LOCATION (City, town, or county) (State): BALTO. COUNTY MD

DATE RECEIVED BY LOCAL REGISTRAR: 2/21/49
REGISTRAR'S SIGNATURE: A. W. Hedrick (J.S.)
25. FUNERAL DIRECTOR: HENRY W. JENKINS & SONS CO. — ADDRESS: 4905 YORK RD.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

527.2 13 b 01476

EVIDENCE FOR STATEMENT IN #18b. IS ON: G119 FILM - 4-1-49 A

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH — COUNTY: Balto. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Middle River — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Hyde Park Rt 15 Bx 347

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. COUNTY: Balto.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Middle River
STREET ADDRESS (If rural give location): Rt. 15 - Box 347

3. NAME OF DECEASED (Type or Print): (First) John (Middle) W. (Last) Thomas

4. DATE OF DEATH: (Month) Feby (Day) 13 (Year) 1949

5. SEX: Male
6. COLOR OR RACE: Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Aug. 5.1894
9. AGE last birthday: 54 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unployed
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unkown
14. MOTHER'S MAIDEN NAME: Unkown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Edna Bond

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Hemorrhage. — Sudden

Antecedent cause(s) (Unknown if due to tuberculosis 3-31-49 ams)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from —, 19....., to —, 19....., that I last saw the deceased alive on Dead on arrival 2/13/49, and that death occurred at 8 A.m., from the causes and on the date stated above.

SIGNATURE: H. McCarmine (Degree or title) MD. — ADDRESS: Deputy Medical Examiner Balto. Co. Dundalk 22 Md — DATE SIGNED: 2/13/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 2/17/1949 — NAME OF CEMETERY OR CREMATORY: Essex Cem. — LOCATION (City, town, or county) (State): Essex Md.

DATE REC'D BY LOCAL REG.: 2/16/49 — REGISTRAR'S SIGNATURE: A. W. Hedrich Jr. — 24. FUNERAL DIRECTOR: Elroy O. Wilson — ADDRESS: 1000 Brantly Ave.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH 01477

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 14

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (In this place): 86 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: VAH, Fort Howard, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 101 N. Dallas Street ✓

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) H. (Last) THOMPSON, Jr.

4. DATE OF DEATH: (Month) Feb. (Day) 25 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 6-6-89

9. AGE last birthday: 59 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Thompson

14. MOTHER'S MAIDEN NAME: Rosette Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: 217-05-3140

17. INFORMANT: Clin.Rec. VAH, Fort Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Multiple Myeloma, lymphoblastic	Unknown
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-1, 1948, to 2-25, 1949, that I last saw the deceased alive on 2-25, 1949, and that death occurred at 8:35 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Joseph Alvarez JOSEPH ALVAREZ, M. D.
ADDRESS: V.A.H. FT. HOWARD, MD.
DATE SIGNED: 2-26-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 3-2-49
NAME OF CEMETERY OR CREMATORY: Baltimore National
LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG. 3-2-49
REGISTRAR'S SIGNATURE: C. W. Hedrick

24. FUNERAL DIRECTOR: Elroy Wilson
ADDRESS: -Balto., Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 54

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MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY: Baltimore; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ft. Howard; LENGTH OF STAY (in this place): 19 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vets. Adm. Hosp., Ft. Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: ; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore; STREET ADDRESS (If rural, give location): 1113 W. Fairmont Avenue

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) H. (Last) TOLSON

4. DATE OF DEATH: (Month) Feb. (Day) 7 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Sep. Married

8. DATE OF BIRTH: 7-19-95

9. AGE last birthday: 53 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waiter

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Noah Tolson

14. MOTHER'S MAIDEN NAME: Margaret Gantt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT: Clinical Rec. VAH. Fort Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis, bilat. act. far. adv. — Interval Between Onset and Death: Unknown

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 19, 1949, to Feb. 7, 1949, that I last saw the deceased alive on Feb. 7, 1949, and that death occurred at 5:35 P. m., from the causes and on the date stated above.

SIGNATURE: H. C. Manaugh — (Degree or title): M.D. — ADDRESS: Chief Pro. Services VAH, Ft. Howard, Md. — DATE SIGNED: 2-8-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: Feb. 12, 1949 | NAME OF CEMETERY OR CREMATORY: Baltimore National | LOCATION (City, town, or county): Baltimore, Maryland (State)

DATE REC'D BY LOCAL REG.: 2/10/49 | REGISTRAR'S SIGNATURE: [illegible] | 24. FUNERAL DIRECTOR: Mrs Katie R Williams | ADDRESS: 3221 Lehmuller [illegible]

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

151 46 B 01479

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex / LENGTH OF STAY (In this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
HOSPITAL OR INSTITUTION OR STREET ADDRESS 344 Savannah Ave.	STREET ADDRESS 344 Savannah Ave. (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
JOHN		UHL	FEB	19	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
Male	White	Single	6-1-1871	77 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer		Maryland	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Louis Uhl	Mary Imhof

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Mr. Louis Uhl

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma Stomach	1 yr.
	(c) Obstructive Jaundice	6 mos
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Dec 1, 1948, to Feb 19, 1949, that I last saw the deceased alive on Feb 19, 1949, and that death occurred at 3 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J. M Baumgardner		Balto 6 Md	2-19-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Feb. 22-49	Schwartz's Cem.	Balto	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2-21-49	John G. Connelly	John G. Connelly	418 Eastern Ave.

VS. A15

RECEIVED
FEB 22 1949
BUREAU V. S.

01480

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

422.1

CERTIFICATE OF DEATH

93d Reg. Dist. No. 32

1. PLACE OF DEATH COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville — LENGTH OF STAY (in this place) 10 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville
HOSPITAL OR INSTITUTION OR STREET ADDRESS 35 Walker Ave	STREET ADDRESS (If rural, give location) 35 Walker Ave.

3. NAME OF DECEASED (Type or Print)	(First) George	(Middle) Pappler	(Last) Uhler	4. DATE OF DEATH (Month) 2 (Day) 27 (Year) 1949
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH Aug 17-1874	9. AGE last birthday 74 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY Carpentery	11. BIRTHPLACE (State or foreign country) Baltimore, Maryland	12. CITIZEN OF WHAT COUNTRY? —	
13. FATHER'S NAME Erasmus Uhler		14. MOTHER'S MAIDEN NAME Georgette Pappler		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)	16. SOCIAL SECURITY NO. —	17. INFORMANT Hall Hammond - Stevenson, Md.		

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Chronic Myocarditis	1 yr.
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension - Cerebral Hemorrhage	11 yrs.
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify) —	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —	(CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.	INJURY OCCURRED While at Work ☐ Not While At work ☐ —	HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from October 1942, to Feb. 27th, 1949, that I last saw the deceased alive on Feb. 27th, 1949, and that death occurred at 9.45 P.m., from the causes and on the date stated above.

SIGNATURE James A. Miller (Degree or title) Jr. ADDRESS Pikesville 8, Md. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 3/2/49	NAME OF CEMETERY OR CREMATORY Greenmount	LOCATION (City, town, or county) (State) Baltimore, Md.
DATE REC'D BY LOCAL REG. 3-1-49	REGISTRAR'S SIGNATURE Dr E E Nichols	24. FUNERAL DIRECTOR Frank H. Newell Inc.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

T

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard — LENGTH OF STAY (in this place) 11 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS VAH, Fort Howard, Maryland	STREET ADDRESS (If rural give location) 925 N. Bradford St.

3. NAME OF DECEASED (Type or Print)	(First) JERRY	(Middle) J.	(Last) VOJIK	4. DATE OF DEATH	(Month) Feb. (Day) 25 (Year) 1949
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH 6-14-28	9. AGE last birthday 20 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) App. Machinist	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Baltimore, Maryland	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Jerry Vojik		14. MOTHER'S MAIDEN NAME Mary Slachta			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW II	16. SOCIAL SECURITY NO. 219-22-5712	17. INFORMANT Clin. Rec. VAH, Fort Howard, Maryland			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) PULMONARY EDEMA	3 weeks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) UREMIA	1 year
	(c) GLOMERULONEPHRITIS, CHRONIC WITH ACUTE EXACERBATION	2 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-14-49, 19....., to 2-25-49, 19....., that I last saw the deceased alive on 2-25-, 19 49, and that death occurred at 12:51 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H. C. MANAUGH, M. D.	Chief, Pro. Services	VAH, Fort Howard, Maryland	2-25-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 3-1-49	NAME OF CEMETERY OR CREMATORY Baltimore National	LOCATION (City, town, or county) (State) Baltimore, Maryland
DATE REC'D BY LOCAL REG. February 26 1949	REGISTRAR'S SIGNATURE R.W.	24. FUNERAL DIRECTOR Jerome Cvach	ADDRESS 900 N. Chester St. Baltimore, Maryland

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VS A15

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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Reg. Dist. No. 38

1. PLACE OF DEATH:

County: Baltimore

City or town: Towson (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 Yrs.

Hospital, Institution, or street address where death occurred: Armacost Nursing Home. 518 Register Ave.

How long in hospital or institution? 2 Yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland. County:

City or town: Baltimore (If outside city or town limits, write RURAL and give nearest town)

Street No.: Emerson Hotel. (If rural, give LOCATION)

2.(a) If veteran, name war: ✓

3.(a) FULL NAME: DAVID VOLMER.

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single.

6.(b) Name of husband or wife:

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Nov. 17th. 1867.

8. AGE:

Years	Months	Days	If less than one day
81	2	19	hrs. min.

9. Birthplace: New York (Town, county, and state)

10. Usual occupation: Retired Merchant.

11. Industry or business:

FATHER: f2. Name: Isidore Volmer,

f3. Birthplace: France.

MOTHER: f4. Maiden name: Jeannette Herzog,

f5. Birthplace: France.

f6. Informant: Mr. Sydney Levy,

Address: 115 W. 73 St. New York City.

f7. Cremation (Burial, cremation, or removal. Which?) Date thereof: Feb. 7th. 1949 (month) (day) (year)

Cemetery or crematory: Loudon Park.

Location: Baltimore, Md.

f8. Funeral director: Laird Sondreini & Son

Address: 1902 Eutaw Place, Balto. Md.

19. 2-7 (Date rec'd by registrar) 1949 [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb. 5th. 1949, at 8.45 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 17 1946, to Feb 5 1949 and that I last saw him alive on Feb 4 1949

Immediate cause of death	DURATION
Senility	2 years
Due to: General Arterio-Sclerosis	2 years
Due to:	
Other conditions	

(Include pregnancy within 8 months of death)

Major findings of operations: Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: [signature] M. D. or other

Address: Esplanade Apts. Balto. Date signed: 2/5/49

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Opitz Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 1001 Edmondson Ave.

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) ALFRED (Last) WALTEMEYER
4. DATE OF DEATH: (Month) Feb. (Day) 28 (Year) 1949
5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH: Jan. 21, 1859
9. AGE last birthday: 90 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chief Clerk (retired)
10b. KIND OF BUSINESS OR INDUSTRY: B. & O. R. R.
11. BIRTHPLACE (State or foreign country): Howard Co., Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Charles Waltemeyer
14. MOTHER'S MAIDEN NAME: - Jones
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Mrs. Ernest E. Robinson 1001 Edmondson Av Catonsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis	48 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Heart Disease	9 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Renal Disease — 6 mos.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-10, 1940, to 2-28, 1949, that I last saw the deceased alive on 2-28, 1949, and that death occurred at 10:30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
George E. Urban M.D 803 2nd Ave Catonsville Md 3-1-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: 3/4/49
NAME OF CEMETERY OR CREMATORY: Loudon Park
LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG. 3/1/49
REGISTRAR'S SIGNATURE: W. E. Harvey
24. FUNERAL DIRECTOR: WM. J. TICKNER & SONS
ADDRESS: Balto., Md.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

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CERTIFICATE OF DEATH

93d Reg. Dist. No. 41

1. PLACE OF DEATH · COUNTY: Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Md. COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Dundalk — LENGTH OF STAY (in this place):	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Dundalk
HOSPITAL OR INSTITUTION OR STREET ADDRESS:	STREET ADDRESS (If rural give location): 7005 Dunbar Road

3. NAME OF DECEASED (Type or Print) (First) Martha (Middle) (Last) Wanhoff				4. DATE OF DEATH (Month) 2, (Day) 4, (Year) 1949			
5. SEX: female	6. COLOR OR RACE: white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed	8. DATE OF BIRTH: March 17, 1875	9. AGE last birthday: 73 yrs.	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): house wife		10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): Germany		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME: Plitt			14. MOTHER'S MAIDEN NAME: Not Known				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT: Mrs. Helen Garrison				

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Cardiac Failure — 30 Min

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardio-Vascular Disease — Unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4 Feb, 1949, to 4 Feb, 1949, that I last saw the deceased alive on 4 Feb., 1949, and that death occurred at 12:30 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W Herbert Morrison	M.D.	2534 Yorkway, Dundalk Md.	4 Feb. '49

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE THEREOF: 2/9/49	NAME OF CEMETERY OR CREMATORY: Schwartz's	LOCATION (City, town, or county) (State): O'Donnell St.
DATE REC'D BY LOCAL REG.: 2/8/49	REGISTRAR'S SIGNATURE: A. W. Hedrich	24. FUNERAL DIRECTOR: Clarence F. Hoffmann	ADDRESS: 1639 Broadway

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

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Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Baltimore
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ft. Howard
LENGTH OF STAY (in this place): 43 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vets.Adm.Hosp.,Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY:
CITY (If outside corporete limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 1006 Bristol Place

3. NAME OF DECEASED (Type or Print): (First) ROBERT (Middle) NOBLE (Last) WARREN

4. DATE OF DEATH: (Month) Feb. (Day) 16, (Year) 19 49

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Aug. 4, 1892

9. AGE last birthday: 56 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Cambridge, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Lewis Warren

14. MOTHER'S MAIDEN NAME: Mary Noble

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes
(If year, give war or dates of service): WW-I

16. SOCIAL SECURITY NO.: 214-07-9582

17. INFORMANT: Clin.Rec. Vets. Adm. Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cirrhosis of Liver — Interval between onset and death: Unknown

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify)

PLACE OF INJURY (Home, ferm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Dey) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-4-, 19 49, to 2-16-, 19 49, that I last saw the deceased alive on 2-16-, 19 49, and that death occurred at 10:35 P. m., from the causes and on the date stated above.

SIGNATURE: H.C. MANAUGH, M. D. (Degree or title) ADDRESS: CHIEF PRO. SERVICES VAH, FT.HOWARD, MD. DATE SIGNED: 2-17-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: 2-20-48
NAME OF CEMETERY OR CREMATORY: Cambridge Cemetery
LOCATION (City, town, or county) (State): Cambridge, Md.

DATE REC'D BY LOCAL REG. 2/18/49
REGISTRAR'S SIGNATURE: H.W. Hedrick
24. FUNERAL DIRECTOR: John D. Mitchell, Sons
ADDRESS: 1900 Eutaw Place

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH · COUNTY: Baltimore · STATE: MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Md. · COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rogers Forge · LENGTH OF STAY (in this place):	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rogers Forge
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 108 Dunkirk Rd.	STREET ADDRESS (If rural, give location): 108 Dunkirk Rd.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Frank	T.	Weaver	Feb.	15	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months. Days.	If under 24 hrs.: Hours. Min.
male	white	married	Aug. 6, 1890	58 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Insurance Broker	Turner & Thomas Co. -	Baltimore, Md.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William B. Weaver	Finis Knapp

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no		Mrs. Ella V. Weaver 108 Dunkirk Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Tuberculosis	3 yrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Nov. 29, 1948, to Feb. 15, 1949, that I last saw the deceased alive on Feb 15, 1949, and that death occurred at 7 30 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Karl F. Berman	MD	5111 York Rd	Feb. 16. 1949

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2/18/49	Loudon Park Cem.	Balto., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/17/49	H. W. Hedrick	WM. J. TICKNER & SONS	Balto., Md.

VS. A15

Dr. Brennan

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 43

1. PLACE OF DEATH: COUNTY Fullerton MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Fullerton
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN; LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3311 E. Putty Hill Ave	STREET ADDRESS (If rural, give location) 3311 E. Putty Hill Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Bertha	Pauline	Westermeyer	Feb.	17	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
female	white	Widowed	May 26, 1861	87 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	at home	Baltimore	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George Paul Klein	Henrietta

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Mrs. F. Mattes, 3311 Putty Hill Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Thrombosis	36 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized Arteriosclerosis	?
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Severe Trigeminal Neuralgia.	3 years.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Feb-15, 1949, to Feb-16, 1949, that I last saw the deceased alive on Feb-16, 1949, and that death occurred at 10:20 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Thomas J. Brennan		5217 Harford Road	Balto (14) Md.

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2-19-49	Moreland Park	Baltimore, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
2/18/49	[signature]	Leonard J. Ruck, 5305 Harford Road.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

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EVIDENCE FOR ADDITION OF #18.6 IS ON: (over)

FILM No. G 119 MAR 28 1949

CERTIFICATE OF DEATH 179X

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ft. Howard
LENGTH OF STAY (in this place): 10 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: VAH, Ft. Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 922 Eutaw Street ✓

3. NAME OF DECEASED (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
JOSHUA	J.	WIMBERLY	Feb.	22,	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Colored	Married	10-15-22	26 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer		Norfolk, Va.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Samuel Wimberly	Sarah Ramsey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
Yes WW-II	227-16-6261	Clin. Rec. Vets. Adm. Hosp., Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hepato-renal disease - cause undetermined	15 Dys.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	Awaiting toxicological and microscopic studies
	(b) Findings: No evidence of any poison (3/28/49 ake)
	(c) Carbon Tetrachloride Poisoning (further report 6/28/49 ake)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
Accident	Home	Baltimore		Md.

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☒	HOW DID INJURY OCCUR?
Feby - 1949 m.		drinking adulterated liquor (6/20/49 ake)

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on 2/22, 1949, and that death occurred at 4:15 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J. Mearnside MD	Deputy medical Examiner	Balto Co. Dundalk 22 Md.	3/23/49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	2/28/49	Balto. National	Baltimore	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/25/49	A. W. Pedrick	Charles P. Law	802 Madison Ave

VS. A15

Evidence for addition of
21 & # 22 is on:

FILM No. G 120 JUN 29 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

825.5 170 C 01489

CERTIFICATE OF DEATH

Reg. Dist. No. 35

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkton, R.F.D | LENGTH OF STAY (in this place) transient
HOSPITAL OR INSTITUTION OR STREET ADDRESS York Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland ~~COUNTY~~ Balto. Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 3010 Linwood Ave

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Thelma Elizabeth Wittstadt	Feb. 11 1949

5. SEX	6. COLOR OR RACE	7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F.	W		9-29-15	33 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
General Office	Casey Mach. Co	North Carolina	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Albert C Flynn	Minnie Israbon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Howard Evans, 1400 S. Charles St. Balto

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Internal Injuries - Ruptured Vena

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
Accident	Highway	Parkton	Balto.	Md

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☑	HOW DID INJURY OCCUR?
Feb. 11, 1949 7:30 p.m.		Automobile Accident - Car tested on hwy.

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 7:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
A. M. Francee M.D.	Parkton, Md.	2/12/49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb. 15, 1949	Moreland Memorial	Bel Air,

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb. 16, 1949	Mrs Howard S. Marshall	Landon M. Brady,	Sparks

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 18 1949
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

I

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore Co. STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville | LENGTH OF STAY (in this place) 5 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4111 Priscilla Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville
STREET ADDRESS (If rural, give location) 4111 Priscilla Lane

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) HENRY (Last) WORDTT

4. DATE OF DEATH: (Month) Feb. (Day) 3rd (Year) 1949

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower | 8. DATE OF BIRTH: 9/27/1871 | 9. AGE last birthday: 77 yrs. | If under 1 year: Months 4, Days, Hours, Min. | If under 24 hrs.: 6

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Massachussets | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Henry Wordtt | 14. MOTHER'S MAIDEN NAME: ? Kelley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If year, give war or dates of service) — | 16. SOCIAL SECURITY NO. None | 17. INFORMANT: Paul Wordtt

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Chronic Myocarditis	2 months.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Art. Sclerosis - Coronary Sclerosis	2-3 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — | 19b. MAJOR FINDINGS OF OPERATION — | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) No | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Dec 17th, 1948, to Feb 3rd, 1949, that I last saw the deceased alive on Feb. 2nd, 1949, and that death occurred at 6 A. m., from the causes and on the date stated above.

SIGNATURE James A. Miller Jr. (Degree or title) | ADDRESS Pikesville, Md. | DATE SIGNED 3/3/49.

23. BURIAL, CREMATION, REMOVAL (Specify) Removal | DATE Feb. 3/49 | NAME OF CEMETERY OR CREMATORY Versailles Cem | LOCATION (City, town, or county) (State) McKeesport Pa.

DATE REC'D BY LOCAL REG. Feb 3 49 | REGISTRAR'S SIGNATURE D. E. Nichols | 24. FUNERAL DIRECTOR Easton Sons | ADDRESS Catonsville Md.

RECEIVED
FEB 8 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills | LENGTH OF STAY (in this place) 23 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rosewood State Training School

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 3558 Poole St.

3. NAME OF DECEASED (Type or Print): (First) Janet (Middle) Earle (Last) Wright
4. DATE OF DEATH: (Month) Feb (Day) 6 (Year) 1949

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Sept 6, 1921
9. AGE last birthday: 27 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Inmate
10b. KIND OF BUSINESS OR INDUSTRY: Rosewood State Training School
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Harry Wordsell
14. MOTHER'S MAIDEN NAME: Edith Wright

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No
16. SOCIAL SECURITY NO.
17. INFORMANT: Institution Records; Rosewood State Training School

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Status Epilepticus — Interval Between Onset and Death: 1 da

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Epilepsy — Since 1928

(c) Microcephalic Idiot — Congenital

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 8, 1926, to Feb 6, 1949, that I last saw the deceased alive on Feb 6, 1949, and that death occurred at 4:08 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
George C. Medairy M.D. Owings Mills Md Feb 6, 1949

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: Feb 8-49
NAME OF CEMETERY OR CREMATORY: Rosewood
LOCATION (City, town, or county) (State): Owings Mills Md

DATE REC'D BY LOCAL REG. 2-8-49
REGISTRAR'S SIGNATURE: Mary B. Elkins.
24. FUNERAL DIRECTOR ADDRESS: J. F. Eline Sons Reisterstown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 14 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

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Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Owings Mills
LENGTH OF STAY (in this place): 6 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Rosewood St. Tr. School

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. — COUNTY: ~~Baltimore~~ Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ~~Owings Mills~~ Cumberland
STREET ADDRESS (If rural, give location): ~~17 Somerville Rd~~ Rosewood St. Tr. School

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last)	4. DATE OF DEATH (Month) (Day) (Year)
William Yost	Feb. 23 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	single	4-18-38	10 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Berkley Springs, W.Va.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Albert A. Yost	Bessie Shoemaker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT
		Rosewood St. Tr. School

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Broncho pneumonia	1 month
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Microcephalic quadriplegic idiot	
(c)		

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 10-25, 1946, to 2-23, 1949, that I last saw the deceased alive on 2-22-, 1949, and that death occurred at 7.58A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H.B. Butler	M.D.	Owings Mills, Md.	2-23-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb. 24, 1949	Rosewood	Owings Mills, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2-23-49	Mary B. Eline	J.F. Eline Sons	Reisterstown, Md.

RECEIVED
FEB 28 1949
BUREAU U. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (in this place): 10 yrs. 3mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Abingdon
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) Stanislaus (Middle) (Last) Zacharko

4. DATE OF DEATH: (Month) February (Day) 26 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 1896

9. AGE last birthday: 52 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Ukrania

12. CITIZEN OF WHAT COUNTRY? Russia

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unknown
(If year, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) General Paresis	10 yrs.
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c) Bilateral Optic Atrophy	8 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 25, 1938, to Feb. 26, 1949, that I last saw the deceased alive on Feb. 26, 1949, and that death occurred at 5:00 A.m., from the causes and on the date stated above.

SIGNATURE: Isadore Tuerk, M.D. (Degree or title)

ADDRESS: Spring Grove State Hosp. Catonsville-28, Md.

DATE SIGNED: 2-26-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: May 1, 1949

NAME OF CEMETERY OR CREMATORY: Holy Cross

LOCATION (City, town, or county) (State): Brooklyn, R.F.D.

DATE REC'D BY LOCAL REG. 2/28/49

REGISTRAR'S SIGNATURE: W. E. Harvey

24. FUNERAL DIRECTOR: Thomas D. Singleton

ADDRESS: L. J. DeRoba. Glen Burnie Md

VICTOR HARRY - CATONSVILLE.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 3 1949
BUREAU V. S.

Dr. Murray

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01494

Reg. Dist. No. 44

1. PLACE OF DEATH
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cedar Beach
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE md. COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cedar Beach
STREET ADDRESS (If rural, give location) Maple Road

3. NAME OF DECEASED (Type or Print): (First) DONALD (Middle) William (Last) ZAHRADKA

4. DATE OF DEATH: (Month) 2 (Day) 8 (Year) 1949

5. SEX: M.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 11-23-48

9. AGE last birthday: yrs. If under 1 year: Months. 2 Days 17 | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): BALTO. Co.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: JERRY ZAHRADKA

14. MOTHER'S MAIDEN NAME: TILLIE GREEN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Parents

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Respiratory failure — Interval between onset and death: 2 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Bronchopneumonia, malnutrition

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) BALTIMORE (COUNTY) (STATE) BALTIMORE, MARYLAND

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 7, 1949, to Feb. 8, 1949, that I last saw the deceased alive on Feb. 7, 1949, and that death occurred at 5:00 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Robert H. Murray M.D. 1023 Eastern Ave Balt. 20, Maryland.

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: 2-9-49

NAME OF CEMETERY OR CREMATORY: Sacred Heart

LOCATION (City, town, or county) Balto. Co. (State) md.

DATE REC'D BY LOCAL REG. 2-9-49

REGISTRAR'S SIGNATURE: Thos. E. Connelly

24. FUNERAL DIRECTOR: Thos. E. Connelly ADDRESS Essex md.

1023 Eastern Av.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
MAR 9 1949
BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 37

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville — LENGTH OF STAY (in this place) 70 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville
HOSPITAL OR INSTITUTION OR STREET ADDRESS York Rd.	STREET ADDRESS (If rural give location) York Rd.

3. NAME OF DECEASED (Type or Print)	(First) Annie	(Middle) Catherine	(Last) Zink	4. DATE OF DEATH	(Month) February	(Day) 7	(Year) 1949
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow	8. DATE OF BIRTH 25 August 1864	9. AGE last birthday 84 yrs.	If under 1 year Months	Days	If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Pennsylvania	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Henry Hess		14. MOTHER'S MAIDEN NAME Elizabeth Leister	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Rose May Malone	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Heart failure	2 weeks
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	10 years
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Hypertrophic Arthritis	?

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from October 1948, to Feb., 1949, that I last saw the deceased alive on 7 Feb., 1949, and that death occurred at 6:30 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Walter T. Kees	M.D.		7 February 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 2-10-49	NAME OF CEMETERY OR CREMATORY Sherwood Episcopal	LOCATION (City, town, or county) (State) Cockeysville, Md.
DATE REC'D BY LOCAL REG. Feb 8 1949	REGISTRAR'S SIGNATURE Wilmer C. Eusebius	24. FUNERAL DIRECTOR Landon M. Brooks	ADDRESS Sparks, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 14 1949
BUREAU V. S.